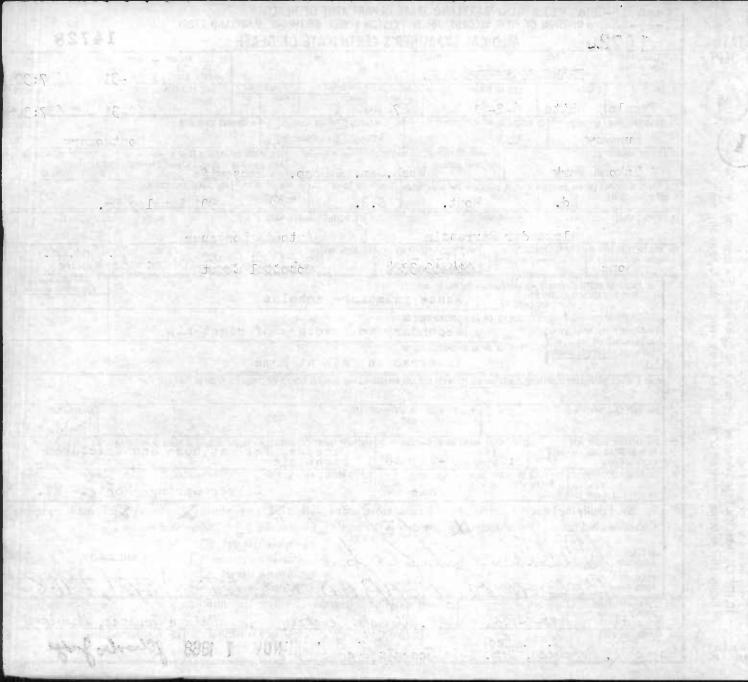
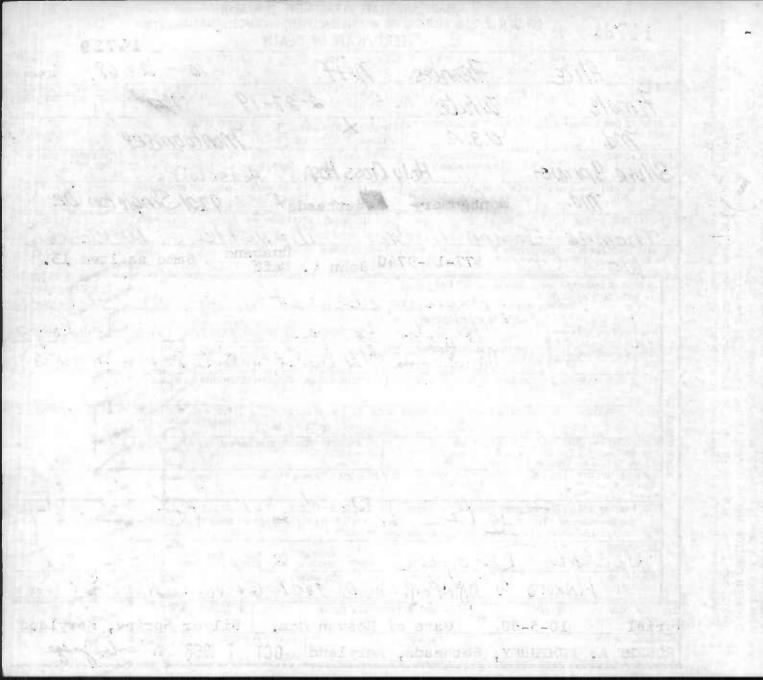
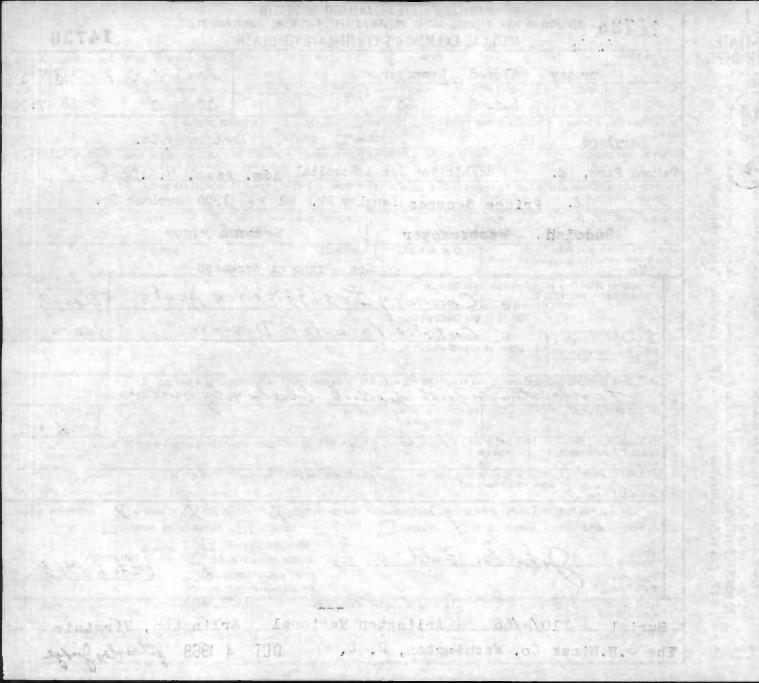
121	It	ems 18-22a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH -19-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		14720 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4728
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN T- Month Do	y Yeor 2b. HOUR
is to to	(Type or Print) IRENE JOSEPHINE NEBESAR OF ESTI- DEATH MATED 10-31	19 68 8: 30M
d 3 d 3 d 3 d	3. S	1 at at 1	2d. HOULD I
2, and 3 to PM3. Page		Female White 6-2-81 87 YRS 10-31	Year 19 687:30%m
-/8 - 0	7o.	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH TISA WIDOWED X DIVORCED	
Pages 1, Pages 1, Farm	10 0	1101108	omery Md. . KIND OF BUSINESS OR
haurs after death Item 18. Give Pag Office along win and 2 with the Sta after death.	10.	give street oddress) during most of working life, even if retired.) IND	own home
haurs after der Item 18. Give P Office alang wi 1 and 2 with the after death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18. 18. 18. 18. 18. 18. 18. 18. 18. 18.		Md. Mont. 5.5. 15 901 Langley Dr	
haurs Iltem 1 Office 1 and 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in I niner's (pages I haurs c	160	Alexander Parrassin Antonia Longauer WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SQCIAL SECURITY NO 17. INFORMANTAL ADDRESS SIJ.	Cont Md
vit dr. 22	(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) None (if yes give war ar dotes of service) 16b. SOCIAL SECURITY NO. 79 17. INFORMANT 17. INFORMANT 18. Olean Pratt 901 Langley	Drive
be executed v "pending" in hief Medical Ex ansit permit. Fil event within 7		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).) PART I. DEATH WAS CAUSED BY: A COUTE OF DEATH (Enter only one couse per line for (o), (b), ond (t).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed ading in Medical in permit.		IMMEDIATE CAUSE (o) ACUTE PARTMONIARY EMBOLIAS	
pend pend sif M sit p		O / DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Secondary to fracture of right hip	
d b rd " Chie tran		rise to immediate couse (a), (a)	
should be e ne ward "per a the Chief? burial-transit		stoting the underlying couse Dut 10, OR AS A CONSEQUENCE OF lost. incurred in fall at home	
g the s d ta		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica iting arde d as al, a	N.	904.0	
is certific te, writin farward e used as	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate, be fall be	ERTIF	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter_nature of injury in Port 1 or Port 2, Item	YES NO [
ICAL EXAMINER: TI execute the certificator. Page 4 shauld be of for your files. CTOR: Page 3 shauld laburial, crematian, ar	MEDICAL (210. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 2:00 p.m./ 10-21 19 68 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item Deceased fell at home and ire right hip	actured
MIN the 4 sh ir fill e 3 s	ME	the total state of the state of	County Stote
L EXAMINER: ecute the cert Page 4 shaul or your files. R: Page 3 shau ial, cremation,		AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	tg. Md.
blcal Exaplease execute director. Page estained for you. DIRECTOR: Pagar to burial, cre		22a. I certify that I took charge of the remains described above held an Autapsy Inspection Inquiry	ond in my opinion
olca blease ex directar. etained t DIRECTO		death resulted from: Natural couses Arcident 🖾 Suicide 🔲, Homicide 🔲, Undetermined monner 🗔	
JITY DICA please e eral director be retained RAL DIRECT priar ta bu		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGN	NFD
ury any, nerg be be pri		SIGNATURE	inint
O DEPUTY BICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) 36-606N KEAP M.D. ADDRES (Spentish, Source ounty) VOV. 1	1768
10 To He	230	DEMOVAL (Speciful	ounty) (Stote)
	24	Burnal 11-5-1968 St. Lincoln Cemetery Prince Georges	
VR A18ME (5)	1.	FUNERAL DIRECTOR O W. See ADDRESS Sil. Spr. 1250. REGISTRAR 25b. REGISTRAR'S SIGN PATENOV 7 1968 CONTROL OF THE PROPERTY OF TH	
10W KE 7. 1700		The state of the s	



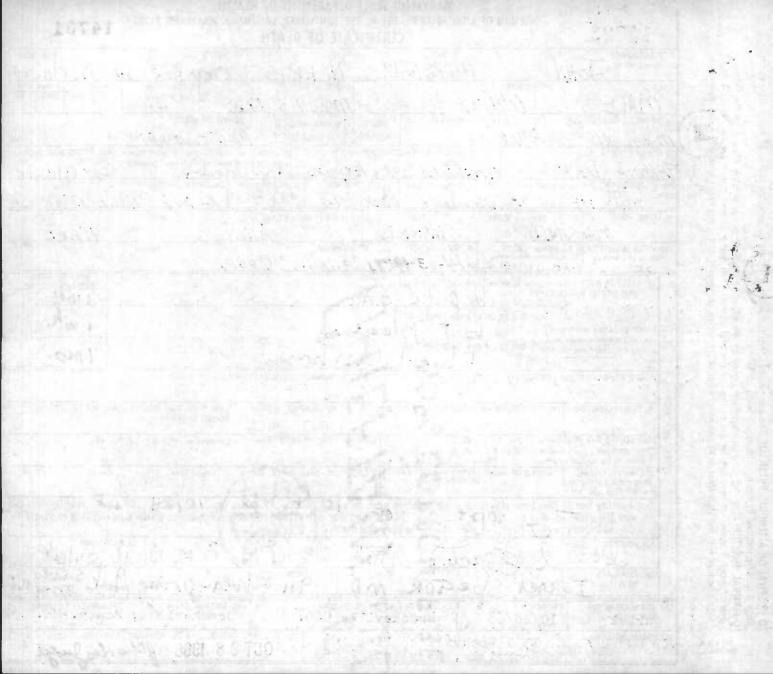


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			MEDICAL	EVHIMILIA	EK 2 C	CKIIL	ICATE	OF DE	AIR		~ 4		
1. DECEASED-NAME	Fir	st		Middle			Last			2o. DATE KNOWN Mant	h Day	Year	2b. HOUR
(Type or Print)	Dorothy		Mildred	Neume	eyer					DEATH MATED 0 10	1	1968	7/3M
3. SEX	4. RACE	S.	DATE OF BIRTH	6. A	GE (In years		DER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED DEAD		-0	2d. HOUR
FE	W		4-2-08	1 8	of birthday)	MONTHS	DAYS	HDURS	MIN.	Mooth 1 Day	Ye	ear 68	7:30
70. BIRTHPLACE (Sto	ote or foreign	7b. CI	ITIZEN OF WHAT COU	INTRY?	8. MA	RRIED	NEVER MA	RRIED 🗌	9. COL	INTY OF DEATH		-24	
country) Mary	land	U	ISA		WID	OWED	DIVO	RCED _	Me	ontgomery Co.			Mo
10. CITY OR TOWN				HOSPITAL OR		,	,		SUAL O	CCUPATION (Kind of work don-		ND OF BUSI	NESS OR
Takoma P.	ark, Md.		giwastreeh.	ington	San &	& Hos	spita	l during		f working life, even if retired. Asst. U.S.G		RY	
		sed liv	ved, if institution: R	esidence befo	e 13c. CITY	OR TOW	N 13	d. INSIDE CITY		13e. STREET AND NUMBER	010		
odmission) STAT	Md.	P13	ince Ge	orges	Lan	gley	Pk.	YES N	10 D	1700 Merrima	Dr.		
14. FATHER'S NAME	First		Middle	Las	t	IS. MOT	HER'S MAI	DEN NAME	First	Middle		Lost	
	Rudolp	1.	Weste	rmeye:	Le	Face of		Su	san	ma Benner			
16a. WAS DECEASED				OCIAL SECURITY	NO.	17. INFOR	MANT		7300	ADDRESS			
(Yes, no, ar unkno	iwn) (If yes gr	e war or c	dates of service}			Son	sam	e as	dec	eased	10.00		
			e cause per line far	(a), (b), and (e	(),)			0 1		3 1		APPROXIMATE ETWEEN ONSET	
PART I.	DEATH WAS CAUS		AUSE (o) C	oronz	559	In	500	tric	e17	rg. Acute.	4	11.	· Z
1412	9	INTE CA	(0)			200					7		
	ony, which gove		(b) C	orale	0-1	asc	ula	r 7	Dis	Rase.	14.	ears	7
	diate cause (a), inderlying couse	}	DUE TO, OR AS A							THE WAY IN			
last.	2 1)	(c)								- 1-6		
PART 2. OTHER	R SIGNIFICANT CON	DITION		DEATH BUT NO	OT RELATED	TO THE T	ERMINAL D	ISEASE OR (CONDITIO	ON GIVEN IN PART 1(a)			
7	rocke			with .	Joses	tes	e t	loci	Bag	2 by mircon	0-		
190. DATE OF 210. EXTERNAL	OPERATION	100		ONDITION FOR		ERATION	Shirts.	n negy		0	2	O. AUTOPSY	?
TIFIC			V	VAS PERFORME	D?							YES 🔀	NO 🗌
			21b. TIME OF INJURY	Month, Doy, Yo	109	21c. HOW	INJURY O	CURRED (En	nter natu	re of injury in Part 1 or Part 2	, Item 18.)		
PRIMARY CAUSE OF DEA	OR CONTRIBUTING ATH		HOUR A.M. P.M.	19									
	CCURRED 21e		OF INJURY (At hom		, :	21f. LOCAT	ION Street	or R.F.D. Na.		City ar Town	Caun	ity	Stote
AT WORK	AT WORK	actory,	office building, etc.)		100								
220.	I certify that I	took	chorge of the ren	noins descri	bed obov	e. held o	n Auto	psv 📝	Ins	spection , Inquiry	D2: c	and in m	y opinion
	esulted from:		oturol couses					Homicia		Undetermined monne	Array .		
			0					EF MEDICAL					
ACTUAL SIGNATURE.		1	m 19. 0	Ball				ISTANT MED			TE SIGNED	100	~
EXAMINER'S	1					W. F	m.D.	UTY MEDICA		the Comment	オール	196	8
NAME (Type							ADD	RESS(Street	, city, to	wn, ar county)		1377	2100
23a. BURIAL, CREM		DATE	E	23c. NAME O	F (EMETER)	OR CREA	AATORY		23d.	LOCATION (City or Town)	(Caunty	y) (Sr	tate)
REMOVAL (Spe		0/1	1/68	Anli	ngto	n N	atio	nal		Arlington.	74	2 m 2 =	
24. FUNERAL DIREC	TOR			ADD	RESS		~ 010	2Sa. REC'I	D BY RE	GISTRAR 25b. REGISTRA	S SIGNATI	TRE 1 a	
The S.H	H.Hines	C	o. Washi	ingtor	1, D.	C.		DATE OC	T	4 1968 RClu	mla	anda	2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14731 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR death. te be executed within 24 hours after deoth (Type or print) ond completely filled in by the funeral remove corbon papers. Poges 1 and 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) SHTROM DAYS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗌 DIVORCED | WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR DRY Cleaner give street address during most of working life, even if retired.) ¥. Cleaner 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle ottending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) WORLD WAR 2 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. 0 cremation, DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove t burial-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Imo. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate hos been os the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | for use O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote OFFICE BUILDING ETC. While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from—saw the deceased alive an—19 68, an 10124 10 0_, 19 08, ta_ .19 🕵 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR director, poge 3 should be filed v PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type): 230. BURIAL, CREMATION, BREMOVAL (Specify) 23d. LOCATION (City or Town)
Brookeville, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 10/28/68 Montg. Brookeville Cem. 1331 Rockvilt DDRESS EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Pike VR A15 (A) OCT 28 1968 30M REV. WAR 20852 Rockville, Maryland



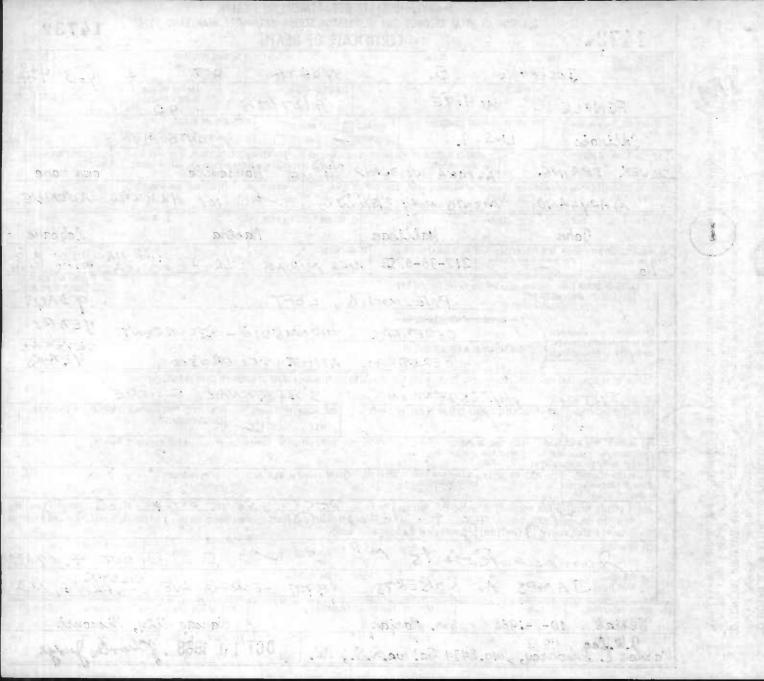
STREET RAITIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS 301 W PRESTON

14732		1	4	7	3	2
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	14724	i i	DIVIDION OF	, (ERTIFI	CATE OF	DEATH	, , , , , , ,		-0.	1	47	32	
	ECEASED-NAME	First	16/2	Middle		Last		2a. DATE OF	DEATH	0-	1 = ,	,	2b. H	
()	Type ar print)	JOSE	PHINE	B.		NOF	2714	OC.	7. Manth	Pay		Year 768	94	AM
. SE	FEMA	ALE	4. RACE	HITE		S. DATE OF B	27/78	3	6. AGE (In ye last birthday	ors () YRS.	MONTHS .	OAYS	IF UNDER HOURS	24 HRS. MIN.
o. [BIRTHPLACE (Stote or		7b. CITIZEN OF WI		8. MARRIEC	NEVER MAI	RRIEO	9. COUNTY OF						
uui	"" Iklino	is	U.S.		WIDOWED		RCED 🗌		NTGON		4			Md.
-	CITY OR TOWN OF DE	PRING	give s	AME OF HOSPITAL OR INS street address)	DLAND	NURS I	Vaduring mo				INDU	KIND OF I ISTRY WP2 F	Business	OR
	USUAL RESIDENCE (Wissian) STATE	Where decease	d lived, if institut	ian: Residence befare	13c CITY O	R TOWN	YES NO		REET AND NUM		N	AV	NU	E,
4. 1		First John	Middle	Halli		IS. MOTHER'S M		artha	Mi	ddle		Lel	lost ean	4
16a. Y	. WAS DECEASED EVER Yes, na, ar unknawn)	(If yes give war	D FORCES? r or dates of service)	217-36-67		INFORMANT YRS. M	IRIAM	ULRIC		dress t	HAM	RIN	NG A	10,
	18. CAUSE OF DEA			ne far (a), (b), and (c).)		J - 6						VATE INTERV	
	PART I. DEATH		BY: 'E CAUSE (a)	PNEU	MONI	A, L	EFT					92	AY	2
	486X		D UE-10, OR /	CERES.		THRE	MBOSI	is - Re	CURRE	-N7.		127	HRS	
	rise to immediate stating the underl last.		OUE TO, OR /	AS A CONSEQUENCE OF			Rosc	CERO	515		5	YE	FRA	2
Z	1102 X	NIFICANT CONE		TING TO DEATH BUT N			LOISEASE ORCO		N IN PART 1(0)	A		J		
TIFICATIO	19a. DATE OF OPERAT	TION 19b. C	ONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FIN OF DEATH?	DINGS C	ONSIDER	ED IN CE	RTIFYING	
DICAL CER	21a. ACCIDENT WAS	CAUSE OF OEATH	HOUR A.M.			HOW INJURY OC	CURRED (Enter	nature of inju	ry in Part 1 ar	Part 2, I	Item 18.)		
ME	21d. INJURY OCCUR While Not while at work	RRED 21e. F	PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY,) 21f.				ar Tawn		Caunt	Υ	S	tate
	22o. I certify t	hot(1)(this	ve on	ended the deceose (did not) view the	960,0	nd that in (n	19 <u>3</u> (our) opir	hion deoth	occurred on	, 19_ the do	68 te ond	, that(hour ((I) (wo	e) last m the
	22b. SIGNATURE	mes	La. R	oberts	M.)	ATTENDI GREE PHYS.	NG DI	ED. RECTOR	STAFF PHYS.		DATE SIG	SNED 4,	(9)	68
,	22d. PHYSICIAN'S NAME (Type) <	JAM	EJ A	ROBER	375	22e. ADI 89		ORGIA	AVE.	Sic	PR	in G	, M	12
23a.	BURIAL, CREMATION REMOVAL (Specify)		ATE 7-1968	23c. NAME OF Mr. Mo-		R CREMATORY		23d. LOCATIO	ON (City or Townson Cit		(Cour	our	(State)
24.	FUNEAL MRECTOR	· Dust	01	ADDRESS 8434 Ga.A.	4500	. , Md.	DATE OCT	DECICTOAD		ISTRAR'S	SIGNATI	Jean	42	37

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physiciap and completely filled in by th director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carban papers. Pageshauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and meant, within 72 hours of Page 4 may be retained by the haspital ar attending physician.

VR A15 [4] 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DATE OCT 30

1968

25b. REGISTRAR'S SIGNATURE

14733 CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Last		20. DAI	E OF DEATH	-		2b. HOUR
(1	(ype or print)	Freder	ick	Study		Orendo	rff		October	26 ^y	1968	7:20
B. SE	X		4. RACE	Le le le le		S. DATE OF B	IRTH	-	6. AGE (In year	rs	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		1	White		13 Dec	cember	1902	lost birthdoy)	YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF W	HAT COUNTRY?	. MARRIET	NEVER MAI	1		OF DEATH			
cour	^{itry)} P e nnsylv	ania	USA		WIDOWED		RCED 🗍		Montgomer	~V		M
_	ITY OR TOWN OF		11. N	AME OF HOSPITAL OR INSTI					TION (Kind of work of	dane		BUSINESS OR
	Bethes			street oddress) he Clinical				abore			INDUSTRY	
i3a.	USUAL RESIDENCE	(Where deceose	ed lived, if instituted liberty	tian: Residence before	3c. CITY C		13d. INSIDE CITY EI	_	e. STREET AND NUMBE			
	rennsyl	vania	1		Hand	over	YES NO	Ш.	71 North C		ge Str	eet
14. 1	FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME FI	irst	Midd	dle		Lost
		'rank		Orendor		THEFT	Ali				S	tudy
160.	WAS DECEASED E	VER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY NO					Record Addr			= 14
	es, no or unknown	(ii yes give we	11 01 00103 01 30191007	176-05-169	5-A !	The Cli	nical C	ente:	r, NIH, Be	ethe	sda, M	aryland
	1B. CAUSE OF D	EATH (Enter anl	y ane couse per li	ine far (a), (b), and (c).)		94 BIA		100	1000			MATE INTERVAL DISET AND DEATH
	PART I. DEA	TH WAS CAUSED	BY: TE CAUSE (a)	Lv	mphos	sarcoma	. disse	mina	ted		1 ve	
	2001	IMMEDIA		AS A CONSEQUENCE OF					Aur 5			
	Conditions, if on		(b)	no no donocadance di								
н	rise to immedia stating the und	1 1. (DUE TO, OR	AS A CONSEQUENCE OF								
	last.	erlying couse	(c)									
- 3	PART 2. OTHER S	IGNIFICANT CON	1,	JTING TO DEATH BUT NOT	RELATED	TO THE TERMINA	AL DISEASE ORC	ONDITION	GIVEN IN PART 1(a)			
	2001		M	assive pleu	rol 6	affinet o	nc					
CERTIFICATION	190. DATE OF OPE	RATION 19b. C		TICH OPERATION WAS PERF		20o. AUTO		120	b. IF YES, WERE FINDI	INGS COL	NSIDERED IN C	ERTIFYING
FICA	170.01112.01.012.	1701	onemon on the	THE TENNEST WILL TEN	Ottimes	YES X			USES OF DEATH?	Ye		
CERTI	21o. ACCIDENT V	VAS LINDERLYING	G 21b. TIME O	F INILIPY	210			noture of	injury in Port 1 or Po			
MEDICAL (OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. er) P.M.	Manth Day Yeor					injory in rour r or re	JII 2, 116	nn 10.)	MIR
W	21d. INJURY OCC While Not w	11110	PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f.	LOCATION Stre	et ar R.F.D. No.	- 2	City or Town		County	State
	at work at w		hasnital) att	anded the decoased	from	28 41107	1st 106	8 to	26 Oct	106	8 that	M) (1110) a
	sow the	deceased al	ive on 26	rended the deceased October 19	68,0	nd that in (n	(qur) opin	nion dea	th accurred on the	he date	e and haur	and from th
	causes s	tated abave,	(N) (we) (did)	(MIXCAOL) view the bo	dy after	r death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	22b. SIGNATURE	4- 1	0	. 5		ATTEND!	NC M	ED	CTAFE	22c. D/	ATE SIGNED	
	11	lu !	Kore	~ AD	DEC	GREE PHYS.		IED. IRECTOR				r 1968
	22d. PHYSICIAN'S			34.73		22e. ADI	ORESS The	Clini	ical Cente	er, I	Nation	al
,	NAME (Type	Peter	J. Rose	en, M.D.		Ins	titutes	of I	Health, Be	the	sda, M	d. 2001
	BURIAL, CREMATI			23c. NAME OF CE	METERY O	R CREMATORY	1	23d. LO	CATION (City or Town))	(County)	(State)
	REMOVAL (Specify	1) 10	-30 -19	18 M. C.	Vinol	(a 7	Pour	X	Anones -	11	nels	18

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicina and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hays after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

14733				
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	CONTRACTOR OF THE PARTY OF THE	8.	Col	5 7
		Program by all the	1	
				ALCOHOLD S
them to proper to				
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The Standard Bullet		C1 1 C C - L	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	
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PARS Page

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form,

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ALLINE	ILPCOLL	03, 001	11. 1160	OIL SIKEE	, 5000		
MED	ICAL	EYAN	IMED'C	CEDTIFIC	ATE	OF DE	ATH

		MEDICAL EXAMINER'S (CERTIFICATE OF DEATH		TILOR
L	DECEASED-NAME (Type or Print) John	Joseph.		20. DATE KNOWN Manth OF ESTI- DEATH MATED OCT	16 168 11 jom
3		TUNE 4, 1906 6. AGE (In years total the day)	MONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Manth Day	7 Year 1968 4 15 M
	o. BIRTHPLACE (Stote or foreign 7b. CITIZ puntry) Penna.	U-S. A. WI	DOWED DIVORCED	INTY OF DEATH Montgomer	
	Silver SPring	give street address 4 M2	rwood La during most of	CCUPATION (Kind of work done if warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY COOL P. D.
13	3o. USUAL RESIDENCE (Where deceased lived admission) STATE 13b. (, if institution: Residence before 13c. (I COUNTY Man 1-gern erg Si	TY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 9804 Mer-Wo	
14	4. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle	Last
	John	Ornick		elen	Citra
16	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or other)	16b. SOCIAL SECURITY NO. 577–10–3371	17. INFORMANT Virginia C. Ornic	ADDRESS Sil ck 9804 Merwood	
	1B. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	Cour Shat 1	wound of Heze		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUCICES
	935 X DI	JE TO, OR AS A CONSEQUENCE OF			
	Canditians, if ony, which gove rise to immediate couse (o),	(b)			
	stoting the underlying cause	UE TO, OR AS A CONSEQUENCE OF			
1	PART 2. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)	
CENTICICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH O WAS PERFORMED?	PERATION		20. AUTOPSY? YES NO A
	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF	b. TIME OF INJURY Manth, Day, Year HOUR AM. P.M. OF 16 19 68	21c. HOW INJURY OCCURRED (Enter notus	re of injury in Part 1 or Port 2, It	em 18.) te Pistol-
TATE OF THE PARTY		INJURY (At hame, form, street, lice building, etc.)	211. LOCATION Street or R.F.D. No. 7804 Mer-wood-L	2 Silver Spring	Monte Mol
		arge of the remains described abo		spectian 🔀, Inquiry 🖸	
	death resulted fram: Natu	ural causes, Accident,			
	ACTUAL SIGNATURE	m B. Ball	CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAMIN		SIGNED
		. Ball	DEPUTY MEDICAL EXAMI ADDRESS(Street, city, to	INER D cont	17,1968
2	23o. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETER	RY OR CREMATORY 23d.	. LOCATION (City or Tawn) Raltinare	(County) (Stote) Maruland
1	THUM PAL DIRECTOR	Glen Carter ADDRESS	2So. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	III	0 - 0121 6- 0	CC MILLIOCT &	3 1968 VCU	Ma. Vanas

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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工工品件品		CE	RIIFICA	ALE OF DE	AIH			7710	U
1. DECEASED-NAME First		Middle		Lost	2	o. DATE OF DEATH			2b. HOUR]
(Type or print) Evagelo	os	(None)	Par	panikos	100	Octo	onth Poy	1968	4:45 N
3. SEX	4. RACE	(1.01.0)		. DATE OF BIRTH		6. AG	E (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
Male	Whi	Lte	100	10 Octo	ber 19	54 lost	birthday) 4 3 YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8	MARRIED [NEVER MARRIED	9. C	OUNTY OF DEATH			
Greece	Greed		WIDOWED			Mor	ntgomery		Mo
10. CITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTIT	TUTION (If not			CCUPATION (Kind	of work done	12b. KIND OF	BUSINESS OR
Bethesda	The	et oddress) Clinical	Cente	r. NIH	during most o	of working life, ev Studen	ren it retired.)	INDUSTRY Nor	ne
13o. USUAL RESIDENCE (Where deceo	sed lived, if institution:	Residence before 1	3c. CITY OR 1	OWN 13d. I	NSIDE CITY LIMITS?				
odmission) State Greece	13b. COUNTY		Salon	ica YES	NO .	Villa	age Pent	alofos	
14. FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN		1.65	Middle		Lost
Thomas		Papanikos			vageli			Papasot	tiriou
160. WAS DECEASED EVER IN U.S. ARI	MED FORCES? Nar or dates of service)	b. SOCIAL SECURITY NO.				1 Record			44
Yes no, or unknown) (If yes give to		None	Th	e Clinic	al Cen	ter, NI	I, Bethe		
18. CAUSE OF DEATH (Enter or									MATE INTERVAL DNSET AND DEATH
PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o) _ Car	diorespir	atory	arrest				1 hou	ır
1460		CONSEQUENCE OF							
Conditions, if ony, which gove rise to immediate couse (o),		ere anoxi						3 day	rs
stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF ${f P}$	ulmona	ary hype	rtensi	on secon	dary to		
last. 7542	\-/-	tricular						уев	rs
PART 2. OTHER SIGNIFICANT CO				THE TERMINAL DIS	EASE OR COND	ITION GIVEN IN PA	NRT 1(o)		
Hemopneum o	thorax, he			1.					
190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	20a. AUTOPSY?		CAUSES OF DI	VERE FINDINGS CO		ERTIFYING
E COLORAT WAS INDEDIVI	NC Tan sure or in	111014	Les ues	YES 🔀	NO 🗌		1e	_	
210. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	JURY Month Doy Yeor 19	21c. HOV	V INJURY OCCURR	ED (Enter not	ture of injury in P	ort 1 or Port 2,	Item 18.)	
21d. INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT OFF		21f. LOC	ATION Street or	R.F.D. No.	City or Tox	vn	County	Stote
220. I certify that (N) (the saw the deceased of	nis haspital) attend	led the deceased	fram_S	ept. 8	, 1968	, to_Oct	4 , 19	68 , that	(X) (we) la
saw the deceased c	live on Octobe	er 4 196	ond	that in 1(1004) (our) opinio	n death occur	ed on the do	te ond hour	ond from th
22b. SIGNATURE/	e, pro (we) (did) (us	asian view ine bu	idy offer di	Julii.	0.00		220.	DATE SIGNED	
Charles	Mine	taylon	DEGRE		MED. DIREC		[X 9	October	
22d. PHYSICIAN'S NAME (Type) Charl	on T MoTw	stock M	D			inical			
0 22002 2	es L. McIr					of Healt			
230. BURIAL, CREMATION, 23b.	DATE 15-1968	23c. NAME OF CE	METERY OR C	REMATORY	23	3d. LOCATION (Cit-	or Town)	(County)	(Stote)
			Was	R, DC 250	. REC'D BY RE	EGISTRAR 2	Sb. REGISTRAR'S	SIGNATURE	
24. FUNERAL DIRECTOR Www. Chambers	J6 140	o Chapmin S	thu		TE OCT	1 0 1968	y che	wer you	my -
					100 100				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician director, page 3 should be detoched for use os the burial-tronsit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and

VR A15 (4) 30M REV. 1/68

emove corbon popers. Pages ond 2 rony event, within 72 hours after death.

nd completely filled in by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS

14729			CERTIFIC	ATE OF D	HTA			14737	
(Type or print)	First ITCHAEL	Middle NMI		Lost ASNAK S)た。	2o. DATE (Oct. 20	. , , , ,	2b. HOUR
3. SEX Male	4. RACE Whi			S. DATE OF BIRT	25		6. AGE (In years lost birthdoy) 43 YRS	MONTHS DAYS S.	IF UNDER 24 HR HOURS MI
7o. BIRTHPLACE (State or foreign country) New York	USA		WIDOWED [ED 🗌	9. COUNTY O	gomery		
O. CITY OR TOWN OF DEATH Silver Spring	s, Maryland		ross		during m	nast of warking hvsici			BUSINESS OR
3a. USUAL RESIDENCE (Where domission) STATE Maryland	13b. COUNTY n	tgomery	-	Sprg.	YES N	0 1	STREET AND NUMBER 7408 Astor	ia Lane	
	middle chael NMI		ıak	MOTHER'S MAIL	DEN NAME	Anna Anna	Middle	*	Scarb
yes	s give was or dates al service)	053-18-846	53	wife Wi	nifre	d 174	Address Astoria		
18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C.		ne for (a), (b), and (c).		Em	de	inn			IMATE INTERVAL ONSET AND DEATH
Conditions, if any, which g	DUE TO, OR A	AS A CONSEQUENCE OF	my f	sele	200	-		54	ear
stating the underlying callast.	DUE TO, OR (c)	AS A CONSEQUENCE OF	/	71.0	2105	COLUMN	(Fa) M		
PART 2. OTHER SIGNIFICAN									
RIFICA	19b. CONDITION FOR WH			20a. AUTOPS	NO [CAUS	IF YES, WERE FINDINGS SES OF DEATH?		ERTIFYING
or contributing Cause of Clif either, notify medical ex	xominer) HOUR A.M.	Month Day Year	9				jury in Port 1 or Port 2	2, Item 18.)	
While Not while at wark	21e. PLACE OF INJURY			1 -			ty or Town	County	Stote
22a. I certify that (1)) (this haspital) attended alive an bove (ii) (we) (did):	ended the decease	ed from 5 9 6 , ønd bady after d	that in (my)	, 19_) (aur) ap	inian death	accurred an the c	9, that date and haur	t (L) (we) to and fram t
22b. SIGNATURE	Ma	AM	DEGRI	ATTENDING	MI	MED. DIRECTOR		c. DATE SIGNED	5/68
22d. PHYSICIAN'S NAME (Type) Mon	rton Shapif	0		22e. ADDRE 8107	ESS		re. Sil.Spr	Mary	land
REMOVAL (Specify)	23b. DATE 10-25-1968	23c. NAME OF Baltim		CREMATORY tional	Cemet		TION (City or Town)	(County) Maryland	(State)
CUNERAL DIRECTOR	- Caland	Carto a ADDRESS					2Sb. REGISTRAR		

VR A15 30M REV. 6

Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14730		(ERTIFIC	ATE OF	DEATH			147;	38
1. DECEASED-NAME First (Type ar print) HARRY		Middle ENNINGTON		Last		2a. DATE OF		1968 Year	2b. HOUR 710ph
3. SEX	4. RACE			S. DATE OF E	BIRTH		6. AGE (In years last blanday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
MALE	CAUC			19 JU	INE 1924	-	YE YE		HOURS MIN
7a. BIRTHPLACE (State or foreign country) Virginia 10. CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS	WIDOWED [at in haspital	RCED 12a. USUA		OMERY (Kind af wark dan		Mo BUSINESS OR
BETHESDA	US	NH (NNMC) BE	THESDA	,MD.	during ma	AVY R	even if retired	I.) INDUSTRY	
13a. USUAL RESIDENCE (Where decear admissian) STATE VIRGINIA	sed lived, if institut		13c. CITY OR WOODE	TOWN	13d. INSIDE CITY LIN		L Box 7	42	
14. FATHER'S NAME First JAMES PENNING!	Middle TON	Last			AIDEN NAME FIN		Middle		Last
16a. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknawn) YES (If yes give	war or dates of service)	166. SOCIAL SECURITY N		NFORMANT	IS PEN	MTNCTO	Address	Woodbrid T.1 Box 7	
YES 194				ALLILAI	S. PEI	MININGIO	N(WIFE) R.	APPROXIA	MATE INTERVAL NSET AND DEATH
rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 19b 21a. ACCIDENT WAS UNDERLYI	(c) POINTIBLE	AS A CONSEQUENCE OF CONSTIBLE TUTING TO DEATH BUT NO DEATH BUT NO DEATH BUT NO DERATION WAS PER	OT RELATED TO		OPSY?	ONDITION GIVEN		S CONSIDERED IN CE	RTIFYING
21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	ATH HOUR A.M.	INJURY Manth Day Year 19		OW INJURY O	CURRED (Enter	nature of injur	y in Part 1 ar Part	2, Item 18.)	
While Nat while at wark		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			et ar R.F.D. Na.		ar Tawn	Caunty	State
22a. I certify that XXX (the saw the deceased causes stated above	alive an 25	OCT. 19681	9, and	that in (r	ny) (oXIX apir	196& <u>25</u> nian death a	oct,	19 <u>68</u> , that date and haur ((I) (ॐॐ) last and fram the
22b. SIGNATURE			DEGR	EE PHYS.	ING MI	ED. RECTOR	STAFF PHYS. XX	2c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) ICDR		LEY MC USI		22e. AD				,Maryland	20014
REMOVA (Specify) 26	OCT 68	23c. NAME OF O	ACE CE	EMETAR		Whitet	N (City ar Tawn) Op, Virgi		(State)
24. FUNERAL DIRECTOR ROber Reins-Sturdivan	t A. Pu tFuneral	mphreappress. Home, INDE	Bethe ENDEN	sda N	DATE	DREGISTRAR 6	1968 REGISTRA	AR'S SIGNATURE	ude*

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campiber director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cart shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

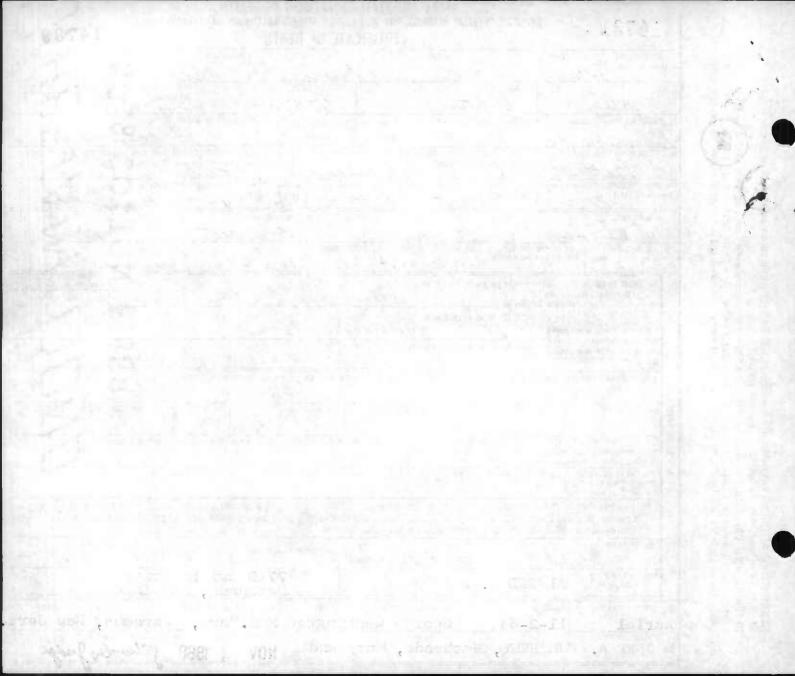
14739

	EASED-NAME	First	Middle		Last	2a. DATE OF DEA			2b. HOUR
(Тур	pe ar print) Z/	Trru	Jy.	P	Sains	0	Manth Day	Year 1968	/1130 M
3. SEX		4.	RACE		5. DATE OF BIRTH	6.	AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
,	male		White		9/25/89	4	st birthday) YRS.	MONTHS DAYS	HOURS MIN.
7a. BIR	RTHPLACE (State ar fa	reign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED [NEVER MARRIED	9. COUNTY OF DEA	ITH		
count	Par Alin M	11/2	4.5A	WIDOWED [Mont	Jomes	Md.
10. CIT	Y OR TOWN OF DEAT	H	11. NAME OF HOSPITAL OF	R INSTITUTION (If no	at in haspital 12a. USU	AL OCCUPATION (Kir	id of work dame		BUSINESS OR
	Beth	esda	give street address)	Duhu	chen	ast af working life,	>	INDUSTRY	
	SUAL RESIDENCE (Who		red, if institution: Residence before.	01	weeth w	IMITS? 13e. STREET	AND NUMBER	0	,
	///	a	111000		The T	-14/	00 Kuse	N Koo	1
14. FA	THER'S NAME Fi	tz	Middle Las	15	. MOTHER'S MAIDEN NAME I	First	Middle	01	last
		2.19	Wood Ph	ar	ma	igaret		50	w
	vås deceased ever i	N U.S. ARMED F (If yes give war or de	ates of service)	2164 de	nformant n. George	Phais	Address	asa	Love
1	8. CAUSE OF DEATH	(Enter anly an	e cause per line far (a), (b), and	(c).)					IMATE INTERVAL DNSET AND DEATH
	PART I. DEATH W	AS CAUSED BY:	ALISE (a)	Uren	110			6 m	onthe
	600 x	IMMEDIATE OF	DUE TO, OR AS A CONSEQUENCE	OF /	. /.			0400	0
	Canditians, if any, wh		(b) P	Velone	phritis			yea.	-3
	ise to immediate co tating the underlyin		DUE TO, OR AS A CONSEQUENCE	OF	, , , ,	, ,	11		- 1
	ast.	19 (0030)			rostatic hy	pertraph	y 2065tys	c for	
Ī	PART 2. OTHER SIGNII	ICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)		
z	610x								
CERTIFICATION	9a. DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?		, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
EFF					YES NO	CAUSES OF	DEATH?		
	la. ACCIDENT WAS I		21b. TIME OF INJURY		OW INJURY OCCURRED (Ente	er nature af injury in	Part 1 ar Part 2,	Item 18.)	
	or contributing colling of contributing colling of contributing colling or contributing colling of		HOUR A.M. Manth Day Y	19					
	21d. INJURY OCCURRE While Nat while twark	D 21e. PLAC	E OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY,) 21f. LC	CATION Street ar R.F.D. No	ı. City ar	lawn	Caunty	State
ů,	22a L certify the	t/(I) (this ho	aspital) attended the decr	eased from	may 18 19	F. to 8	ct. 29.191	6. that	(we) last
1	saw the dec	eased alive	aspital) attended the deco	_1968 , and	that in (my) (aur) ap	inian death acci	urred an the do	ite and haur	and fram the
	causes state	ed abave (1)	(we) (did) (did nat) view t	he bady after o	death.				
2	22b. SIGNATURE	10	1. max	M. D. DEGR	EE PHYS.	MED. ST		DATE SIGNED	68
2	22d. PHYSICIAN'S	great 1	7	- (22e. ADDRESS 771				
ı.	NAME (Type)	ALFR	ED S. NORTO	V	Bet	hesda,	Marvlan	d	
23g	BURIAL, CREMATION,	23b. DATE	23c NAME	OF CEMETERY OR		23d. LOCATION ((Caunty)	(State)
	REMOVAL (Specify)	11-2			hington Me				
24. FI	UNERAL DIRECTOR		ADDI	RESS	2Sq. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	F 1 - 1 - 1
RO	BERT A.	PUMPH	REY. Betheso	la, Mar	yland NO	V 4 196	a och	may la	edal

DATE NOV

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and caractery director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon shauld be filed with the State Dept. af Health prior ta burial, cremation, or remaval, and in any event, with the State Dept. af Health prior ta burial, cremation, or remaval, and in any event, with the State Dept. VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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letely filled in by the funeral carbon papers. Pages 1 and 2 m, within 2007 after death.

within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please rengeshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	CEASED-NAME ype or print)	First	Middle		Last	2a. DATE OF DEA	TH Month Sa Day	/ Mags	26. HOUR
	1010	Da 1	1115			10	00	68	7
3. SEX	7	4. RACE	e970	S.	DATE OF BIRTH		MOL (III) POIS		F UNDER 24 HRS. HOURS MIN.
o. B	IRTHPLACE (State or fareign	7b. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED DIVORCED	9. COUNTY OF DEA	TH	2000	
0. (1	TY OR TOWN OF DEATH	THE THE	NAME OF HOSPITAL OR INS	TITUTION (If not i	hospital 120. US	UAL OCCUPATION (Kin most of working life,	even if reffred.)	12b. KIND OF BU INDUSTRY	SINESS OR
13o. odmi:	USUAL RESIDENCE (Where dissian) STATE	eceased lived, if instit	ution: Residence before	13c. CITY OR TO	WN 13d. INSIDE CIT		AND NUMBER	nn s	the
4. F	ATHER'S NAME First THOMA	Middle	NAK	ICE IS. N	OTHER'S MAIDEN NAME	First	Middle		Lost
	WAS DECEASED EVER IN U.S. es, no, or unknown) (If ye	. ARMED FORCES? s give war or dates of service)	16b. SOCIAL SECURITY N	0. 17. INFO	S FREDER	WKA Hen	Address 4/6-		
	18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C		line far (a), (b), and (c).)		throme	Logi		APPROXIMAT BETWEEN ONSE	ET AND DEATH
	Canditions, if any, which grise to immediate couse stating the underlying colust.	DUE TO, OF	R AS A CONSEQUENCE OF CONTROL SC R AS A CONSEQUENCE OF				arl.		
7	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE O	RCONDITION GIVEN IN	PART 1(a)		
TIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PER	RFORMED	20o. AUTOPSY? YES NO	CALISES OF	, WERE FINDINGS COI DEATH?	NSIDERED IN CER	TIFYING
MEDICAL CERTI	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE (If either, notify medical e	OF DEATH HOUR A.A.	A. Month Day Yeor		INJURY OCCURRED (En	iter nature of injury in	Part 1 or Part 2, Ite	em IB.)	
	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	1				Caunty	State
	22a. I certify that (I saw the deceas causes stated a	this hospital) and alive an Lobave, (I) (we) (die	Trended the decease 0 20 1 d) (did not) view the b	d fram 9.68, and to ady after dec	10 / 21, 19 hat in (my) (our) d ath.	68, ta_3c pinion deoth occu	rred an the dat	e and haur ar	l) (jour) la nd fram th
	22b. SIGNATURE	Alfo	8/C,	MD DEGREE	ATTENDING PHYS.	MED. ST DIRECTOR PI	TAFF 22c. DA	ATE SIGNED	168
	22d. PHYSICIAN'S NAME (Type) WA	LTER E.	G-002H M	מו	22e. ADDRESS 2309 SHO	REFIELD ,	RO WHO	MD	
	BURIAL, CREMATION, REMOVAL (Specify)	NOV #		20LN 1.	MEMORIAL	501T	LHND	(County)	(State)
	FUNERAL DIRECTOR	FOR FUN. L	ADDRESS 258	DeNich	LS ALEDATE NO	BY REGISTRAR	2Sb. REGISTRAR'S S	SIGNATURE CALL	lac

I want to the same of the same

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14741

uneral and 2

death.

hours affer o

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 h

VR A15 (4)

CERTIFICATE OF DEATH

~	THE SECOND		CLIVII	TICALL OF DEATH				
	CEASED-NAME First	, R	Middle	Plast /s	2a. DATE O	Month Day	Year &	2b. HOUR
SE	Female.	4. RACE White) E	S. DATE OF BIRTH	,	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
caun	MARYLAND	7b. CITIZEN OF WHAT COUN	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	tgomeky	1 Co.	, M
5	ITY OR TOWN OF DEATH	give street add	MO/V CA	Eoss Hospital	mast of warking		12b. KIND OF E	INZINEZZ OK
	USUAL RESIDENCE (Where deceases ssign) STATE O C	ed/lived/ it institution: Resi	dence befare/ 13c. CIT	Y OR TOWN 13d. INSIDE CI	NO □ 33	637.9 ///8/	es Plac	e. S.E.
	JAMES First	Middle SZ	lost th	IS. MOTHER'S MAIDEN NAM		Middle	334	Last
	was Deceased EVER IN U.S. ARA es, na, ar unknawn) (If yes give w	AED FORCES? var or dates of service)	CIAL SECURITY NO.	WARROW G. F.	oble	SAME AS	#13	
(18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE!		spatic t	Failure			BETWEEN ON	ASTE INTERVAL USET AND GEATH LOCAL YS
	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	" Ad	end Carci	noma of	Breas	t	3 h	25,
7	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE (OR CONDITION GIV	EN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY? YES NO	CALISE	F YES, WERE FINDINGS (S OF DEATH?	CONSIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, natify medical exami	rH HOUR A.M. Month	Day Year	1c. HOW INJURY OCCURRED (E	Mule	ury in Part 1 ar Part 2,	Item 18.)	
	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (AT HOME, OFFICE BI	- VAT- 4	1f. LOCATION Street or R.F.D.		y ar Tawn	County	State
	22a. I certify that (I) (the sow the deceased a	is hospitā l) attended ilive on e, (I) (we) (did) (did ne	the deceosed from 19 <u>65</u> t) view the bady a	n	opinion deoth	occurred on the do	that ote ond hour o	(I) (we) la and from th
	22b. SIGNATURE	end of	42/	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	
	NAME (Type)	Lennard Go				Ave.,Si	20	901
	And the second			1 Cemetery	Suit	ION (City or Town) Land, Mar		(State)
24.	immons Bros.	1661-Gd .Hc	pe Rd. S	E DC. 250. REC	D BY REGISTRAR T 1 7 19	25b. REGISTRAR'S	Las Just	al

LATA FOR SHIP OF SIC MINES AND SIC ON SIC SIN the first teacher and the second nnar ol or.a Towns of Lots, Clark to the Committee of The state of the s and 2

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emove Larbon popers. Pages 1 and 2 any event, within 72 hours after deoth.

death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

Page 4 may be retoined by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				EKTIFICA	IE OF DEATH			7 7 1	26	
	CEASED-NAME ype or print)	First	Middle		Last .	2o. DATE	OF DEATH	No V	2b. HOUR	
(1	ype or print)	DABY	GIRL		PRICE	(OCTOBER	Doy Year	68 6 AM	
SE.	X	4. RACE		S.	DATE OF BIRTH		6. AGE (In years	MONTHS DA		
	remale		WHITE		10-9-	68	lost birthday)		YS HOURS MIN.	
	IRTHPLACE (Stote or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY		31-34		
UII	"MARYU	9ND	-USA	WIDOWED	DIVORCED _	M	ONTGON	ERY	Md.	
). C	TY OR TOWN OF DEATH	A	11. NAME OF HOSPITAL OR INS				ON (Kind af work dan ing life, even if retired		OF BUSINESS OR	
3a. dmi	USUAL RESIDENCE (Where of ssion) ASTATE RELICA	leceosed lived, if	institution: Residence before	13c. CITY OR TO			STREET AND NUMBER	KELL	LANE	
4. F	ATHER'S NAME First	. /	every Price	IS. 1	MOTHER'S MAIDEN NAME	First	Middle 9	n Ko	lost Marky	
	WAS DECEASED EVER IN U.	. ARMED FORCES	16b. SOCIAL SECURITY N	10. 17. INF	ORMANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address		7	
Y	es, na, at unknawn) (If ye	is give war or dates of se	rvice)	FA	THER-S	. HAR	VEY PRIC	E- AS	ABOUE	
٦	18. CAUSE OF DEATH (En	ter only one cous	e per line for (a), (b), and (c).	0					ROXIMATE INTERVAL EN ONSET AND DEATH	
	PART I. DEATH WAS (P. 1 - T.	ru du	unthrance			51.11	CN ONSC! AND DEATH	
	7761		O, OR AS A CONSEQUENCE OF	1	11			151016		
	Canditians, if any, which	gave) ,	b) Siffuse	279	tois					
	rise to immediate couse stating the underlying co	TU).	O, OR AS A CONSEQUENCE OF	Maria Cara	· ·	,	1 -			
	last.	nose)	a Positie	1./ AVN	in moul	Many.	disease			
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELAYED TO T	HE TERMINAL DISEASE OF	CONDITION G	IVEN IN PART 1(a)			
2	7730									
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION I	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES X NO	S CONSIDERED IN	CERTIFYING			
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19									
	21d. INJURY OCCURRED While at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City or Tawn County State									
	22o. I certify that (I) (this hospito	l) ottended the deceose	d from	, 19_	, to_		19, th	at (I) (we) last	
1	saw the deceas	ed alive on_	/ /d:d\/d:d==\\.:==\h.:==\h.:==	9, and	thot in (my) (our) of	oinion deat	h occurred on the	dote and hor	ur ond from the	
1	22b SIGNATURE	bove, (I) (we)	(did) (did nat) view the l	1 7	ain.		20	2c. DATE SIGNED		
	720. SIGNATURE	Bina a	Marine in	DEGREE	ATTENDING PHYS.	MED.	STAFF D	10-9.	68	
	22d. PHYSICIAN'S NAME (Type)	NCISC	O VENEGA	5	22e. ADDRESS 3201 Sa		ine Born	è, me	Q.	
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CE	REMATORY		ATION (City ar Tawn)	(County)	(Stote)	
	REMOVAL (Specify) al	10/11,	68 King D	avid N	em.Garden		lls Churc			
24.	FUNERAL DIRECTOR		APORCO	3 3 4 1 3	St. NW RECD	BY REGISTRAF	1968 RES	ALESTER LANGE	0	
D	ernard Dan	zansky	& Sons Was	h D	C DATE U	0114		U	F. S. S.	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and interestor, page 3 should be detached for use os the buriol-transit permit. Then please to should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in VR A15 (4) 30M REV. 1/68

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Uneral Fond 2 within 24 haurs after death. death. smplerely filled in **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and fompterely filled in directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers shauld be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event, within 72 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu Page 4 may be retained by the haspital or attending physician.

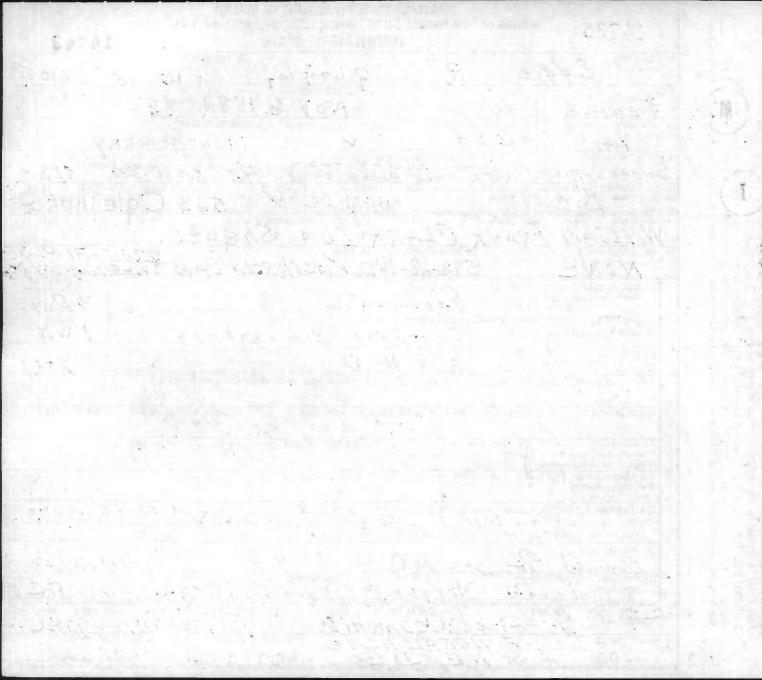
VR A15 4 30M REV. 68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14735 DIV	ISION OF VITAL RECORDS,	301 W. PRE	STON STREET, BALT	IMORE, MARYLAND 212	201	
	7.2002		CERTIFICA	TE OF DEATH	4	147	743
	OECEASED-NAME (Type or print) & First	RMiddle	Q	Vigley	2a. DATE OF DEATH	Doy Yeg	2b. HOUR 10:55 M
3. 5	FEMALE 4.1	RACE	S.	NOY 6	1882 6. AGE (In year last brothday)	YRS. IF UNDER 1 YE	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
	BIRTHPLACE (State or foreign 7b. Cl	TIZEN OF WHAT COUNTRY?	WIDOWED 🔛		9. COUNTY OF DEATH	MERY	Md
3	CITY OR TOWN OF DEATH	10 3 11. Univ.	BluaF	125/168	AL OCCUPATION (Kind of work	110	ID OF BUSINESS OR RY USA
	n USUAL RESIDENCE (Where deceased live	d, if institution: Residence before b. COUNTY	UASH	6 -	13e. STREET AND NUME 0 523	Solet	NORPSY
	FATHER'S NAME FIRST	Middle CLA	RK 1	NOTHER'S MAIDEN NAME	heats-	ddle	Lost
100	a. WAS DECEASED EVER IN U.S. ARMED FO Yes, na, or unknown) I (If yes give war or date	RCES? 16b. SOCIAL SECURITY 578-68	NO. 17. INFO	MIRS MORE	ON CASS &	205-3	ygteN.De
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	N-		6		BETW	PROXIMATE INTERVAL WEEN ONSET AND DEATH BOLLY 5
	Conditions, if ony, which gave is to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	9	Hem or	rhoge	1	wir
	stating the underlying couse	OUE TO, OR AS A CONSEQUENCE OF	H D		•	3	yes
Z	PART 2. OTHER SIGNIFICANT CONDITION 4200	IS <u>CONTRIBUTING TO DEATH</u> BUT N	IOT RELATED TO T	HE TERMINAL DISEASE OR (CONDITION GIVEN IN PART 1(a)		
CERTIFICATION	196. DATE OF OPERATION 196. CONDIT	TION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CONSIDERED	IN CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH		9	· ·	r nature of injury in Port 1 or I	Part 2, Item 18.)	
WE	While Nat while at work	OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				County	Stote
	causes stated abave, (I)	spital) attended the deceas in	19 <u>65</u> , and t	hat in (my) (our) op	, to <u>a ct l</u> inian death accurred on t	£19 <u>2 </u>	that (I) (we) last our and from the
	22b. SIGNATURE Raised	Kenger M.	D DEGREE	PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	8/18
	22d. PHYSICIAN'S NAME (Type)	ld Heige	5	22e. ADDRESS 5415 C	onn Ave	NW	DC
	REMOVAL (Specify) 23b. DATE	21-68 Cel	CEMETERY OR CR	LL	SUITLAN	D.	md-
24.	FUNERAL DIRECTOR Lee	FUNERAPPESS St NE	HOM	DATINGT		STRÁR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14744 14736 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type or print) 19 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS white 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 71.5A WIDOWED [DIVORCED NTGOMER 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) INDUSTRYHome KENSING toN KENSING ton 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY. Silver YES 🔀 NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Bushrod Lelia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Yes, na. or unknown) (If yes give war ar dates of service) Unknown W RANSOM 1502 OAKVIEW CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPPRATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIF CAUSES OF DEATH? YES 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased framling . 3 , 1968, to Det. 19, 1960, that (1) (we) last saw the deceased alive an DCT-19 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) 10-22-68 REMOVAL (Specify) Suitland, Maryland 250 REGISTRAN SIGNATURE

DATE

TO FUNERAL DIRECTOR: After this certificate hos been

24. FUNERAL DIRECTOR Wilhelm Funeral HomeADDRESS

Suitland Rd. SE, Suitland, Md.

24 hours ofter death

event.

ond in any

cremation, or removal,

burial,

director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

permit.

signed by the burial-transit p

Poge 4 may be retained by the hospital or attending physician.

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requires that the death certificate be executed

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14745

CERTIFICATE OF DEATH 1. DECEASED-NAME Walter 20. DATE OF DEATH Amo Siddle Rector 2b. HOUR death. pup (Type or print) Manth WALTER ECTOR Amos October 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years IE LINDER 1 YEAR lost birthdoy) MONTHS HOURS Male White October 21 1913 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia America WIDOWED K DIVORCED [Montgomery

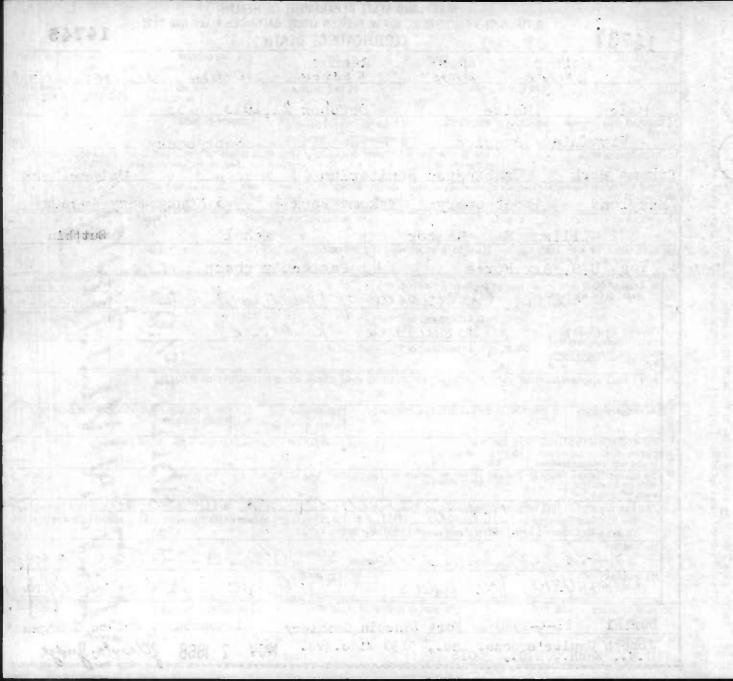
12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12b. KIND OF BUSINESS OR Takoma Park Washington Sanitarium

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN during most of working life, even if retired.)

Mechanic INDUSTRY Walter Reed 13d. INSIDE CITY LIMITS? physician and camplet on please remave carl 13e. STREET AND NUMBER law requires that the death certificate be executed odmission) STATE and Montgomerv Takoma Parks NO Montgomery Avenue 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First and in c William E Rector Ethel Sutphin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ar unknown) (If yes give war or dates of service)

S. Air Force Patient's chart signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NO T YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year af (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Sugard that in _19 QS, and that in (my) (our) opinion death occurred on the date and hour and from the be retained shauld causes stated obove, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 220-ADDRESS directar, shauld b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) 11-2-1968 Fort Lincoln Cemetery Bladensburg, Prince Georges FUNERAL DIRECTOR Gawler's Sons, Inc. ADDRESS N.W., Wash., D.C., 20016 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 30 Wisc. Ave.

VR A15 (4) 30M REV. 1/68



by the funeral cages 1 and 2 outs after death.

within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14746

			CERTIFICA	TE OF DEATH				
1. DECEASED-NAME	First	Middle		Last	2a. D	ATE OF DEATH		2b. HOUR
(Type ar print)	Robert	Faris	REI	LY	0	ct. Manth Do	31 Year 6	8 305P
3. SEX	4. RACE		5	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Cau	casian		Aug. 26, 19	903	last birthday) 65 YRS.	MONTHS DAYS	HOURS MIN
a. BIRTHPLACE (State ar	fareign 7b. CITIZEN	OF WHAT COUNTRY?		NEVER MARRIED		NTY OF DEATH		
Country) Texas	USA		WIDOWED		Mo	ntgomery		N
10. CITY OR TOWN OF DEA Bethesda	ATH	11. NAME OF HOSPITAL OR IN give street address) Nav	Val Hosp	in hospital 12a. US ital during		PATION (Kind af wark dane arking life, even if retired.)		BUSINESS OR
3a. USUAL RESIDENCE (Woodmissian) STATE Mar	here deceased lived, if	institution. Residence before	13c CITY OR TO	OWN 13d, INSIDE CIT		13e. STREET AND NUMBER	1	
		Montgomery		n Bootil	476	3541 Raymoo	r Road	
		iddle Last	IS. 1	MOTHER'S MAIDEN NAME		Middle		Last
Hen		H. REILY		Willie			LY	LES
16a. WAS DECEASED EVER Yes po or unknown)	IN U.S. ARMED FORCES' (If yes give wor or dates of se	ervice) -				on, Md. Address		
YES		215 38 357	78 Mrs	. Hazel Re:	ily,	3541 Raymoor	Road	MATE INTERVAL
18. CAUSE OF DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (e per line far (a), (b), and (c CHRONIC CO O, OR AS A CONSEQUENCE OF	ONGESTIV	E HEART FA	ILURE			NSET AND DEATH
Canditians, if any, verise to immediate stating the underly	vhich gave) cause (a), ving cause DUE T	O, OR AS A CONSEQUENCE OF						
PART 2. OTHER SIGN		(c) Intributing to Death But I	NOT RELATED TO	THE TERMINAL DISEASE O	OR CONDITIO	N GIVEN IN PART 1(a)		
= 4341								
19a. DATE OF OPERAT	ION 19b. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES NO		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
21a. ACCIDENT WAS	CAUSE OF DEATH HOU	TIME OF INJURY R A.M. Manth Day Yea P.M.		INJURY OCCURRED (Er	nter nature	af injury in Part 1 ar Part 2	, Item 18.)	
While Nat while	°U	NJURY (AT HOME, FARM, STREET, F. DFFICE BUILDING, ETC.				City ar Tawn	Caunty	State
22a. I certify the saw the de	not (t) (this hospito	ol) ottended the deceor Oct. 31 (did) (attachox) view the	19_68, and	that in (my) (our) o	0 <u>68</u> , 1 opinian d	ta_Oct31, 19 eath accurred on the d	9 <u>68</u> , that: dote ond hour c	x(I) (we) la and from th
22b. SIGNATURE	la Das	fair	DEGREE	11110.	MED. DIRECTOR	STAFF FET NI	DATE SIGNED	968
22d. PHYSICIAN'S NAME (Type)	R. D. GAS	KINS, MD		Naval Hos	spita:	l, Bethesda,	Md.	E 542
23a. BURIAL, (REMATION, BANAS Specify)	23b. DATE 11-4-6		e (EMETERY OR C	REMATORY tional Ceme	etery	LOCATION (City or Town) Arlington	(County) Va	(State)
24. FUNERAL DIRECTOR 7557 Wisco		Pumphrey APRAS. Bethesda. M		me 250. REC'E	D BY REGIS		is signature	edge

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached far use as the burial-transit permit. Then please remany car shauld be filed with the State Dept. af Health priar to burial, crematian, ar remanal, and in any event;

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physician.

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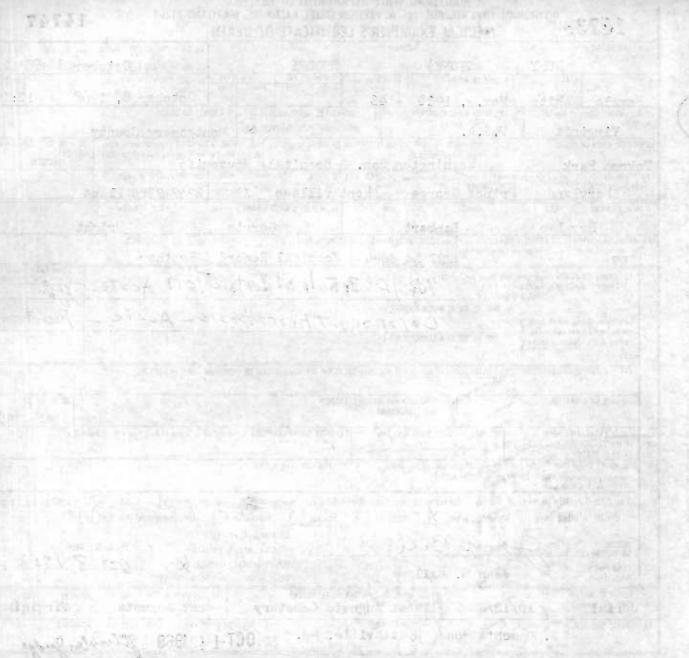
14747

and in my opinion

DATE OCT 1 4 1968

2b. HOUR

FOR S	STATE			1473	39	MEDIC	AL EXAM	AINER'S	CERTIFICAT	E OF D	EATH		i	4 14 1	
EALTH	DEPT.			ECEASED-NAME	First		Mide	dle	Last		2	2a. DATE KNOWN	Month Doy	Year	2b. HOU
delay is and 3 ta M3. Page	of		((ype or Print)	RUBY	(ST	ONE)		RHODES			OF ESTI-	October	8 1968	12:
Page	ent		3. SI	X	4. RACE	S. DATE OF BIR		6. AGE (In year	s IF UNDER 1 YEAR			2c. DATE PRONOUNCED			2d. HOL
and and	1	3.1	F	emale	White	Nov.9.	1024	last birthday)	RS. MONTHS DAY	HOURS	MIN.	October 8	8° 1968	Year 19 1	2:10
2, P	34			BIRTHPLACE (State		7b. CITIZEN OF WH			AARRIED NEVER	MARRIED	9. COU	INTY OF DEATH	0, 1,00	17 2	2.10
- E	-	/	caun	(iy) Virgi	กรอ	U.S.A.				IVORCED 🔀	Ma	ntgomery Co	auntu		
after death 8. Give Pages 1, alang with farm	the State		10. 0	ITY OR TOWN OF			ME OF HOSPITA		ON (If nat in hospi			CUPATION (Kind of wa	1 1 101	KIND OF BUSI	INESS OR
er death Sive Page ng with	s e S	7/	m.	Janua Da	and a	give s	treet oddress)	m Cam	& Hospit	durin	g mast a	f warking life, even if r	retired.) INDU	STRY Home	
Sive			130.	USUAL RESIDEN	CE (Where deceas	ed lived, if institu	tion: Residence	before 13c. C	TY OR TOWN	13d. INSIDE CITY		13e. STREET AND NUMI	BER		
alo at	with	16	a	mission) STATE	bre [Prince (Tearge		nt Villag	YES Y	NO 🗍	2757 73rd			
haurs Office	and 2	2		ATHER'S NAME	First	Middle	Jourgo	Last	1s. MOTHER'S A			Mid		Last	
E 3 21	-/-		17.				l'audaaad		15. MOTHER'S			Mile			
2 E S	pages		160		YER IN U.S. ARMED F		Lambert		17. INFORMANT	Gern	10	ADDRES	Bright		
within pencil camine			(Y	es, no, or unknaw	/n) (If yes give	war or dates of service)				7 Pag		& Brother	13		
WI PE	File n 72	4												APPROXIMATE	INTERVAL
red rafir	ai. Fi. ii			18. CAUSE OF PART I. D	DEATH (Enter onli DEATH WAS CAUSED	iy one cause per lii) BY:	ne for (a), (b),	79 8 Ba	5042	I.T.nº	tard	Ton-Ac	uto -	BETWEEN ONSET	AND DEATH
ding	wi			1/10	IMMEDIA	TE CAUSE (a)	144	7000	1041,	, <u>_</u>	431	10 //0		4-1/2.	-
e executer pending" ef Medical	sit p			Conditions if a	which cave	DUE TO, OR	AS A CONSEQUI	ENCE OF	0 710	in.t	on si	S_Acri	te -	Record	+-
d be	ran			rise to immed	iate cause (o),	(b)	001	101101	9. / ///	01.12		710		100	
shauld e ward a the C	an an		16	stating the un last.	derlying cause	DUE 10, OR	AS A CONSEQU	ENCE OF							
sh of	bur I in	3.1			,	(c)									
s certificate shauld be execute e, writing the ward "pending" forwarded to the Chief Medical	d be used as a burial-transit permit. File ar removal, and in any event within 72	S		4 201	SIGNIFICANT COND	ITIONS CONTRIBUTE	NG TO DEATH B	BUT NOT RELATI	D TO THE TERMINA	L DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)			
wri	files. 3 shauld be used atian, ar remova	_	CERTIFICATION	19a. DATE OF O	PERATION			N FOR WHICH (PERATION			The state of		20. AUTOPSY	?
te, fo	ren	2	TIFIC				WAS PERF	-UKMED?					7.16	YES 🗌	NO D
ER: This certificate, auld be fo		6		21a. EXTERNAL			NJURY Manth, D	Doy, Yeor	21c. HOW INJURY	OCCURRED (E	nter natu	re of injury in Part 1 or	r Port 2, Item 18	3.)	
INER: e certifi shauld	es. hau ian,		MEDICAL	CAUSE OF DEAT	R CONTRIBUTING [H	HOUR A./		19							
S 0 -2			ME	21d. INJURY OCC	- 1	PLACE OF INJURY (A		street,	21f. LOCATION Stre	et or R.F.D. No	0.	City or Town	(a	unty	Stote
EXAMINER: cute the cert age 4 shauld	yaur files. age 3 shau crematian,	1		AT WORK A	OT WHILE	tory, office building	g, etc.)								
ecu Pag	R. P.			22a. I	certify that I to	aak charge af th	ne remains d	escribed abo	ve, held an Au	topsy	Ins	pection X. Inc	quiry ,	and in m	v opinio
tar.	CTO bur			death re	sulted fram:	Natural caus	es 🛪 A	ccident .	Suicide 🗍	Hamici	de 🗍	Undetermined r			
ease	ain to	-				0 0	0 1	1		HIEF MEDICAL	,	FR 🗍			
d'e	RAL DI Priar	391		ACTUAL SIGNATURE	\mathcal{G}	of my	Bul			ASSISTANT MEI			22b. DATE SIGNE		
any	ERA			EXAMINER'S			7)	100		EPUTY MEDIC		NER 🗹	set. 8	196	8
o DEPUTY necessary, the funeral	FUN alth	of		NAME (Type)		John G.	Ball		1	DDRESS(Stree	et, city, to	wn, or caunty)			
5 e 4	5 may be retained far yaur to FUNERAL DIRECTOR: Page Health priar to burial, crem			BURIAL, CREMAT		DATE			RY OR CREMATORY			LOCATION (City or Tow			tate)
No.				Bur 12 Teci	10)/12/68	We	st Augu	ista Ceme	tery	1	Vest August	ta	Virgi.	nia
			24.	FUNERAL DIRECT	OR F' Ca	achte De	ne Hy	ADDRESS	le Md	2Sa. REC			GISTRAR'S SIGNA		
VP	A15MF (5)				F. Ga	sch's Do	ns Hy	attsvil	le, Md.				mi.		









2Sq. REC'D BY REGISTRAR

1968

25b. REGISTRAR'S SIGNATUI

VR A15ME [5] 10M REV. 1/68 24. FUNERAL DIRECTOR

Social Malagaria Y Halle 16 00 2 10 34 X 10.2 E 10.2 E 10.5 E 10.5 E 10.5 E YUCKSTRINGS TENER OF THE PROPERTY HOSES OF THE PROPERTY OF Yare to Yare t SECOND INCIDENCE THE PROPERTY OF THE PARTY OF TH THE RESERVE OF THE PARTY OF THE A STATE OF THE ROAD CANDER FOR THE PART OF 19-1 25-28 100 8 230 mm

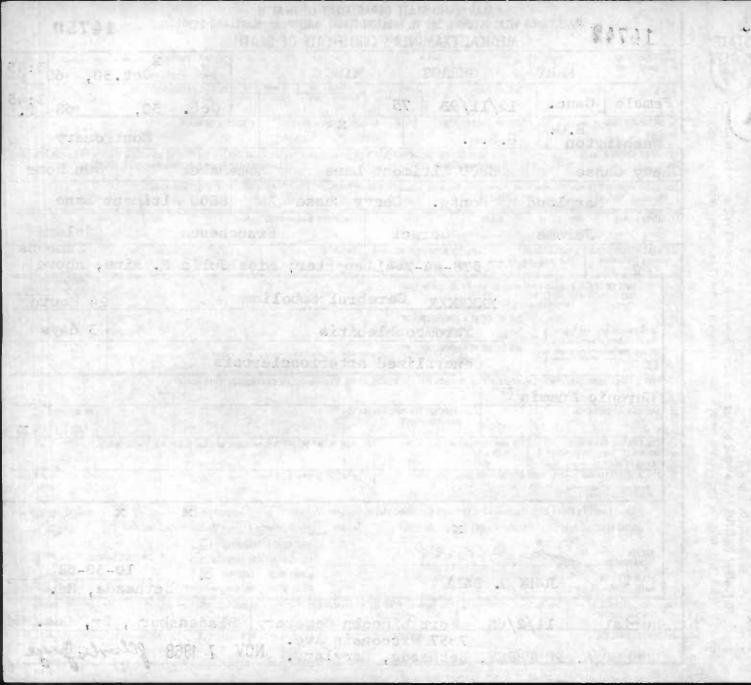
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14749

	-		C	EKIIFICALE OF DEATH		
±2-		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOURA
neral and 2 death.	(1	Type or print) Rober	t Joseph	Riley, Sr.	October 27°09	
Pages 1 and	3. SE	Male	4. RACE White	s. date of birth 7 July 1921		IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.
72 hos		BIRTHPLACE (State or foreign atry) ashington, D.C	USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgome	ery Md
and in any event, within		Bethesda	11. NAME OF HOSPITAL OR INST	Center, NIH	L OCCUPATION (Kind of work dane of of wesking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY self-employe
15	13a. adm	USUAL RESIDENCE (Where decease issian) SIATE Mary Land	d lived, if institution: Residence before 13b. COUNTY Montgomery		MITS? 13e. STREET AND NUMBER 1722 Arcola A	venue
E	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Gilbane
)	1/	William . WAS DECEASED EVER IN U.S. ARM	A. Riley ED FORCES? 166. SOCIAL SECURITY NO	Mary D. 17 INFORMANT Bether	Ellen	Gilbana
	16a.	(es, na, ar unknawn) (If yes give wi	ar or dates of service) 578 - 16 - 801	The Medicat	secords, The Clini	Cabclenter APPROXIMATE INTERVAL
DA DE LO		PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)	ma of Stomach with	conorol motostos	BETWEEN ONSET AND DEATH
		1519 IMMEDIA	IE CAUSE (d)	ma or promach with	general metastas	es 12 lears
	15	Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			
- '-		rise to immediate couse (a), (stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
		last.	(c)			
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
/	NO	19g. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PERI	FORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NEIDEBED IN CERTIEVING
1	CERTIFICATION			YES 🔀 NO 🗆	CAUSES OF DEATH? Yes	
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth Day Year er) P.M. 19		nature of injury in Part 1 or Part 2, It	em 18.)
	W	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			Caunty State
		22a. I certify that (4) (thi saw the deceased al	s hospital) attended the deceased ive on 27 October 19 ,\$\) (we) (did) (dickmax) view the b	d from II October, 19 6 60, and that in (AFF) (our) opi	nion death occurred an the dat	e and hour ond from the
		22b. SIGNATURE	MAN		CTAFF -	ATE SIGNED 10/27/68
1		22d. PHYSICIAN'S NAME (Type) David	A. Bray, M. D.	22e. ADDRESS The	Clinical Center, s of Health, Bethe	National
5	220	BURIAL, CREMATION, 23b. I		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
Shaula be filed		DESCRIPTION OF STATE		Heaven Cemetery	Silver Sprin	
5 (4)	24.	FUNERAL DIRECTOR OL	John W. Lee ADDRESS	Sil Som Mc 2Sa. REC'D B	Y REGISTRAR 2Sb. REGISTRAR'S S	SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14751

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÷	- 24·			CEASED-NAME	First	Middle	Last	20	a. DATE OF DEATH		2b. HOUR
eat	and but		(1)	rpe or print)	reamet	M	RIST	DIN	Manth	Doy Yeor	8:05 M
P .	A-A	1	3. SE		4. RACE		S. DATE OF		6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
n 24 hours after death	TA P	3	-	Didh.	C		~/,	1	lost birthday)	MONTHS CAYS	NOURS MIN.
75	= 0.7	0	7 0	EMALE	CA CI C	17 5 1 A/A	5/18	211881		rrs.	
000	s. hou	1	coun	IRTHPLACE (Stote or foreigny)	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER M.	AKKIEU	OUNTY OF DEATH		
4	lled in popers in 72 h	0		VA.	ANITED	STATES		ORCED	FONT GO	MERY	Md.
_		N	10, C	TY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INS	TITUTION (If not in hospital	N 12a. USUAL OC	CCUPATION (Kind of work do	ine 12b. KIND OF	BUSINESS OR
1	× 6 ×	60	1	AKUMA P	ALIV give stre	et address) OA I	DAIL AUT	ouring most o	CCUPATION (Kind of work do	d.) INDUSTRY	
İ	carbon ent, with	P			deceased lived, if institution		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
-	ve cart	170		sian) STATE	, VI3b. COUNTY		WASHING. TOI	YES NO	1300 QuI	ucy St.	WW
10	ond comprements on any even	30	14 5	ATHER'S NAME First	Middle	Lost		MAIDEN NAME First	Middle		lost
that the death certificate be ex	ición ond co lease remo ond in any	7	14. r	ATHER'S NAME First	middle .	-		MAIDEN NAME TIST	Middle	Δ.	LUST
ارق		3		HOV	W J.	UFFOR		MAKGA	ARET	NA.	NLETT
ate	/sicion please Il, ond i	d	16a.	WAS DECEASED EVER IN U	.S. ARMED FORCES?	6b. SOCIAL SECURITY	TO. 17. INFORMANT		Addres	ss	
ij.	by the ottending physicion tronsit permit. Then please cremotion, or removol, and	1) ,	ss, no, or disknowing			Ptl	anas	ani RN		
Cer	g p The			18. CAUSE OF DEATH (E)	nter anly one cause per line	far (o), (b), and (c).	01	2			MATE INTERVAL INSET, AND DEATH
£	din te	7		PART I. DEATH WAS	CAUSED BY:	MANOX	and d	Joina.		200	Roses
dec	offendi permit.	0		11170	MMEDIATE CAUSE (a)	-0000	and the same of th	1			· Ducks
he	4	7		Canditions, if ony, which		A CONSEQUENCE OF	A. A	- 1/20	accordity.	0 151	
=	the or	-		rise ta immediate cous	e (a)	lever	Delega	me / Aut	W Minus	2 Page	-)
#	by	0		stating the underlying		A CONSEQUENCE OF	0 . 1 R	-9	on la ma	1	
res		7		last.	(c)	mera	Cue HCl	Merce	1100000	7	
qui.	signed burial- burial,	3		PART 2. OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO THE TERMIT	NAL DISEASE OR COND	ITION GIVEN IN PART 1(o)		
- D		7	7	4200							
No.	s been as the prior to	((9	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED 20o. AU	JTOPSY?	20b. IF YES, WERE FINDIN	IGS CONSIDERED IN CI	ERTIFYING
- He		VP	CERTIFICATION				YES [NO [CAUSES OF DEATH?		
1 :	icote h far use Health	15	ERT	21a. ACCIDENT WAS UND	DERLYING 21b. TIME OF II	MIIIDY			ture of injury in Port 1 or Par	rt 2 (tem 18)	
AN	far He	2		OR CONTRIBUTING CAUSI		Month Day Year	ZIC. HOW HOOK! C	OCCORNED (Lines that	ore or injury in roll r or rul	1 2, 116111 10.)	
Dia	t po	-	MEDICAL	(If either, natify medical	examiner) P.M.	19					
¥ 9	p the	- 1		21d. INJURY OCCURRED	21e. PLACE OF INJURY (A	T NOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION St	reet ar R.F.D. No.	City or Town	County	State
a	After this certibe detected be detected State Dept. o	1		While Nat while at wark			0/1/0	1 / >	a La	10	FRIE - N
N >	ter tat	5		22a. I certify that ((I) (this haspital) atten	ded the decease	ed from 1007		, to 7,		(I) (we) last
2		5		saw the decea	sed alive an	7	(and that in (my) (our) o pinia	n death accurred an the	e date and haur	and fram the
E e	S S E		19		abave, (I) (we) (did) (d	lid not) view the	bady after death.			,	,
A	ECTOR: / 3 should with the	7		22b SIGNATURE	1/2	1. 0.0	ATTENI	DING - MED	STAFF C	22c. DATE SIGNED	10
OR ATTEN	- D	~	(Herry	JE EULLY	The	DEGREE PHYS.	DING MED.	TOR PHYS.	0/9/0	00
A >	1 60 E	-		22d. PHYSICIAN'S	Made L'	THE A	C 1 (22e A	DDRESS	1 101)	V1.11	
Poge 4 mov	O FUNERAL DIRE director, page 3 should be filed v	1		NAME (Type)	Melbert	1- uce	3/2/0/2	401 Ca	1 vertan,	IW	
00	Sict OF		23a	BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23	Bd. LOCATION (City or Town)	(Caunty)	(Stote)
C	of shoots			BENEVAL (Specify)	10-14-1968		d Cemetery		ashington. I		111111
H	2				1			250 REC'D BY RE		RAR'S SIGNATURE	
	VR A15 (30M REV.	4)	24.	Joseph Gawl	er's Sons. D.C. 200	Inc., ADDRESS	30 Wisc. Av	re			
	SUM KEY.	700		N.W. Wash.	. D.U. 200	TO		DATE CT 1	1 1968 PCL	carelas lus	MAR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14752

CERTIFICATE OF DEATH

	ECEASED-NAME Firs	it	Middle NMN	т	Last	20	DATE OF D	EATH Month 25 Do	y 68	/ear		HOUR 30700
3. SE		4. RACE	INLIIA		logers S. DATE OF BIRTH	4		6. AGE (In years	I IF UNDER		IF UNDER	-
U. JE	Female	Whi	te		10-29-			last birthday) 8) YRS.	MDNTHS	DAYS	HOURS	MIN.
	BIRTHPLACE (State or foreign ntry) Penna •	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE	U	MO1	ntgomery				Md.
10. C	Olney		ME OF HOSPITAL OR INS reet address) ntgomery (during most of		Kind af wark dane fe, even if retired.) her			BUSINESS	5 OR
	USUAL RESIDENCE (Where decerission) STATE Md.	1	n: Residence befare	13c CITY OR Gait	hersbur	. INSIDE CITY LIMITS?	13e. STRE	Box 306				
14. F	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAID	EN NAME First		Middle			Last	
	Alexander		Black			Cassia					Blac	k
16a. Y	WAS DECEASED EVER IN U.S. AI (es, na, ar unknawn) (If yes give	RMED FORCES? wor or dotes of service)	16b. SOCIAL SECURITY N		FORMANT		0	Address	13	0.00		
-	18. CAUSE OF DEATH (Enter of				Ars Ani	a R.	Selwa	rte		Sand	MATE INTER	
	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2. OTHER SIGNIFICANT (C)	DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	OT RELATED TO	THE TERMINAL OF	ICEASE OR CONDI	TION GIVEN	IN PART 1(a)	80	11		
7	442X	ONDITIONS CONTRIBUTE	NO TO DEATH BUT NO	JI KEDATED TO	THE TERMINAL D	IJEAJE OKCONDI	HON GIVEN	IN FAKI I(U)				
CERTIFICATION	19a. DATE OF OPERATION 191	b. CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPSY	r? NO 🔄		ES, WERE FINDINGS OF DEATH?	CONSIDERI	ED IN C	ERTIFYING	G
MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M.	NJURY Manth Day Year 19		W INJURY OCCUR	RED (Enter natu	ure of injury	in Part 1 or Part 2,	Item 18.)			
ME	21d. INJURY OCCURRED 21 While Not while at work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TDRY.) 21f. LO	CATION Street of	r R.F.D. No.	City or	r Tawn	Count	У	S	State
	220. I certify that (I) (t sow the deceased causes stated above	olive on 10	-65	900, ond	that in (my) eoth.		, to// deoth oc		ote ond	, that hour	(I) (w ond fro	re) lost om the
	22V. SIGNATURE	dun	nacle	DEGRE	- 11113.	MED. DIRECT	OR 🗆	CTAFF	DATE SIG		6	y
	22d. PHYSICIAN'S NAME (Type) Sor C	KSchu	mach	E-C-	22e. ADDRES	ithe	csk.	bu vg,	He	1		
23a.		CT. 24 19	23c. NAME OF			Home 230		(City or Town) AING-TOBL	(Coun	(ki	(State	'
24.	FUNERAL DIRECTOR	Barlier	Sayl	envid	7/1	OATE OCT		25b. REGISTRAR	S SIGNATU	-	dge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs aff VR A15 (4) 30M REV, 1/68

le executed within 24 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

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وران ليدون	1 1 1968 2	10 3	1.48	

director, I

22b, SIGNATURE

22d. PHYSICIAN'S

23a. BURIAL, CREMATION,

BREMOVA (Specify)

24. FUNERAL DIRECTOR

NAME (Type)

W. CLARKE MATTINGLEY LEGNARSTOWN, MARYLANS

Ост.24.1968

23b. DATE

2Sa. REC'D BY REGISTRAR DAPCT 28 1968

800 PERSHING DRIVE SILVER SPRING, MD.

23d. LOCATION (City or Town)

MED. DIRECTOR

ATTENDING

22e. ADDRESS

DEGREE

EBENEZER CEMETERY

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

25b. REGISTRAR'S SIGNATURE

GREAT MILLS, ST. MARY S. MARYLAND

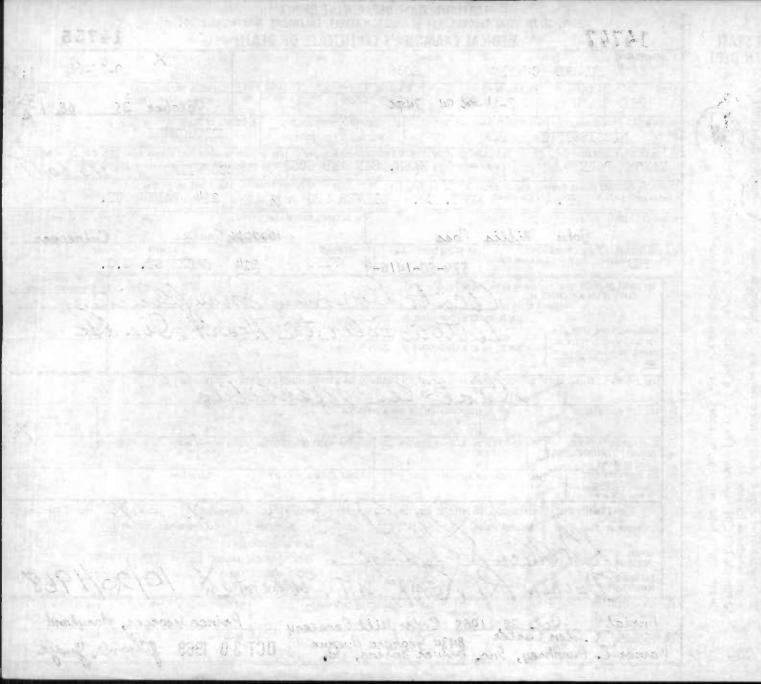
(County)

(State)

22c. DATE SLONED

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ TA:2	10			CERTIFIC	ATE OF	DEATH				1475	6	
1. DECEASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH	Day	V		HOUR F
(Type ar print)	Elino	r.:	Alice	Ro	ssbach			Octobe		1968	3:	40 M
3. SEX Femal	e	4. RACE	White		s. DATE OF BII	ober 19	905	6. AGE (In ye	ars I	F UNDER 1 YEAR ONTHS DAYS	IF UNDER	MIN.
7a. BIRTHPLACE (State	or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUNTY	OF DEATH				
New Je	rsey		SA	WIDOWED [CED 🗌		ntgomery				Md.
10. CITY OR TOWN OF Bethe	DEATH	give	NAME OF HOSPITAL OR I	NSTITUTION (If no inical		11.		ION (Kind of work king life, even if re OI		12b. KIND OF INDUSTRY	BUSINESS	S OR
13o. USUAL RESIDENCE admission) STATE	(Where decease	3A COUNTY	ution: Residence before ndria	13c. CITY OR Alexan		YES NO		STREET AND NUM 406 Sout		tt Str	eet	
14. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MA	IDEN NAME Fir	rst	M	ddle		Last	
	Erwin		Rossh	ach		Hedv	wig			A	bel	
Yes, no Tor Unknown	VER IN U.S. ARM n) (If yes give w	ED FORCES? ar or dates of service)	16b. SOCIAL SECURITY 290-12-73	4				Records Ad			d. 2	
20112	ry, which gave the cause (a), (erlying couse)	DUE TO, OR (b) DUE TO, OR (c) DITIONS CONTRIB	Acute Myel as a consequence o as a consequence o uting to death but	F NOT RELATED TO	THE TERMINAL	DISEASE ORCC				2 Mo		
19a. DATE OF OPE	RATION 19b.	CONDITION FOR W	HICH OPERATION WAS F	PERFORMED	20o. AUTO	PSY?		b. IF YES, WERE FIN JUSES OF DEATH?	Yes	ISIDERED IN C	ERTIFYING	G
21a. ACCIDENT V OR CONTRIBUTING (If either, natify 21d. INJURY OCC	medical examin	HOUR A.M P.M	. Month Doy Yeo	r 19				injury in Port 1 or		1000		State
While Not w	ork U		(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.					City or Town		County		
22a. I certify sow the	that ≱t) (thi deceosed ol stated above	s hospital) at ive on Oct , (*) (we) (did	tended the decea ober 20) (disk past) view the	sed from 19_68, ond body after d	that in 将 eath.	, 19 <u>_○</u> /¥ (our) apin	o_, ta_ nian dea	th accurred on	, 19_ <u></u> the date	and hour	(X) (w and fro	e) lost om the
22b/SIGNATURE	Holo	est	-	DEGRI	11110.	LJ DIF	RECTOR	STAFF PHYS.	10/	TE SIGNED	3	
22d. PHYSICIAN'S NAME (Type		Goldst	ein, M. D.		Inst	itutes	Clini of I	ical Cent Health, I	er, I Bethe	Nation sda, M	al d. 2	20014
23a. BURIAL, CREMATI REMOVAL Specif		ATE 23-1968		F CEMETERY OR	REMATORY			CATION (City or Tow		(County)	(Stote	e)

VR A15 (4) 30M REV. 1/68

roge 4 may be retained by the hospiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fitted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages? I and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hars ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physicion.

within 24 hours after death.

2Sa. REC'D BY REGISTRAR DATE OCT 28 Joseph Gawler's Sons Inc., ADDRESS N.W., Wash., D.C., 20016 Wisc. Ave

2Sb. REGISTRAR'S SIGNATURE Acharles Judge 1968

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12 8 1968 James Co. 9001 8 S T	00 - 10v - 10vi v		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14749 CERTIFICATE OF DEATH

14757

	EASED-NAME	First		Middle		Last		2o. DATE OF DEATH		2b. HOURP
(Тур	ne or print)	Elsi	е	V.	ROTH	AMEL		October Month Day	27 Year 68	1105 M
3. SEX			4. RACE	-,2,4 4 4	S	. DATE OF BIE	RTH	6. AGE (In years last, bighday)		UNDER 24 HRS.
	emale		Caucas	ian		June 2	8, 1920	O 48 YRS.	MONTHS DAYS H	IOURS MIN
7o. BIR	RTHPLACE (Stote or	foreign 2	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	KNEVER MARI	RIED 9	COUNTY OF DEATH		
count	New Yor	k	USA		WIDOWED		CED 🗌	Montgomery		Md.
IO. CIT	Y OR TOWN OF DEA	ATH	11. N	AME OF HOSPITAL OR INS	TITUTION (If not	in hospital		OCCUPATION (Kind of work dane	12b. KIND OF BU	SINESS OR
	ethesda			street oddress) Hosp			duringHos	is of working life, even if retired.)	INDUSTRY N/	A
13o. U. admiss	SUAL RESIDENCE (William) STATE Vi	here deceased rginia	lived, if institu 13b. COUNTY	tion: Residence before Fairfax	Annan	dale	YES NO	000	l Drive	
14. FAT	John	First	PAPPA:	S Last	15.	MOTHER'S MA	IDEN NAME Fir Mati	st Middle Ro	olisk	Lost
	VAS DECEASED EVER		D FORCES? or dates of service)	16b. SOCIAL SECURITY N 061 14 40	10. 17. INF	ormant pital	record	Address		
1	8. CAUSE OF DEA	TH (Enter only	ane cause per li	ine for (a), (b), and (c).)				APPROXIMATI BETWEEN ONSET	
	PART I. DEATH			eft Upper I		oar Ph	eumonia		DETITING ONSE	AND DEATH
	1589	IMMEDIAI		AS A CONSEQUENCE OF						
	onditions, if ony,			Carcinomato	sis, Pe	eriton	eal			
	ise to immediate toting the underly		DUE TO, OR	AS A CONSEQUENCE OF				1000 - 200 -		
	ast.)	(c)							
F	PART 2. OTHER SIGN	NIFICANT COND	ITIONS CONTRIBL	JTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CO	NDITION GIVEN IN PART 1(a)		
2/	58 X									
CERTIFICATION	90. DATE OF OPERAT	TON 19b. CO	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOI	PSY?	20b. IF YES, WERE FINDINGS CO		TFYING
RTIFI	(1000 m					YES 🔼	NO 🗌	CAUSES OF DEATH? Yes	5	
	Tor CONTRIBUTING				21c. HOV	INJURY OCC	URRED (Enter I	nature of injury in Part 1 or Port 2, 1	tem 18.)	
	If either, notify me	dicol examine	r) P.M.	19						
i	21d. INJURY OCCUR While Not while t wark at wark	°	LACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATION Street	t ar R.F.D. Na.	City or Tawn	Caunty	Stote
2	22a. I certify t	hat (1) (this	haspital), att	ended the decease	d_from_A	ug. 27	, 19_6	8_, ta_ <mark>Oct27_</mark> , 19_ ian death accurred an the dat	68 , that (t	k (we) last
	saw the di	eceased ali	ve an	(4)	9 <u>00</u> , and	that in (fin) (aur) apin	ian death accurred an the dat	te and haur an	d fram the
	2b. SIGNATURE	rea abave,	Mr (we) (did)	(diddox) Niew the	opay after de	atn.		1 22. 0	DATE SIGNED	
4	D. SIGNABORE	DATA	ands	N. My	DEGREE	ATTENDIN	G ME	CTAFF	Oct. 196	68
2	d. PHYSICIAN'S	act of	ZX CCC.		DLOKEL	PHYS. 22e, ADDI		RECTOR LA PHYS. LA Z.9	000. 190	00
	NAME (Type)	D. K.	ROEDER,	M. D.		Nav	al Hos	pital, Bethesda,	Md.	
23a. B	BURIAL, CREMATION,	23b. D/	ATE	23c. NAME OF	CEMETERY OR C	REMATORY		23d. LOCATION (City or Town)	(County)	(State)
	REMOVAL (Specify)	10	/31/68	Arlingto			emeter			ginia
				1 Home ADDRESS				3EGISTRAP968 25b. PEOSTRAP'S		P
	3524 Col	umbia	Pike, A	rlington,	Va.		DATE	29/965 Chm.	France	e

O FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled director, page 3 should be detoched for use as the buriol-transit permit. Then pleose remove corbon page should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removol, and in any event, within A VR A15 (4) 30M REV. 1/68

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within 24 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Poge 4 may be retained by the hospital or ottending physician.

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VR A15 (4)

2Sq. REC'D BY REGISTRAR

1968

2Sb. REGISTRAR'S SIGNATUR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14751

CERTIFICATE OF DEATH

14759

	1. 1	PLACE OF DEATH /	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	(o. COUNTY	o. STATE b. COUNTY
		//ont goment MARYLAND	//d. //lent.
		b. CITY OR TOWN (If outside corporate limits) (. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	199	write RURAL and give negrest town)	Tilila - Taxina
	-	A NAME OF HOSPITAL OR INSTITUTION (No - A is to a in a line of the internal in ernal in the internal in the internal in the internal in the in	d. STREET ADDRESS e. IS RESIDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	- 1 ON A FARM?
)		VII burbzie	505-5-DVINGLOR ROTH YES NO IN
	3. 1	NAME OF First Middle	Lost 4. DATE Month Doy Year
5	1		OF /
	_		
/	5. 3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	1	emake 11/hite WIDOWED DIVORCED	12-2-89 78 yrs. months boys mons
7	10o	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS!NESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
/		ring most of working life, even if retired) INDUSTRY	COUNTRY?
"		none me	-/// ary/ and U.D.H
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	-	11/2/5/2/1 Dzus/m	Clara Lenne
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT Address
	(Ye	es, no, or unknown) (If yes give wor or dotes of service)	1/ 21.
		170-127511 1/2	unhter Marian Keny (James
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ARTERIOSCLEROTIC	CEREGROVATCULAR DISEGRE ONSET AND DEATH
			CIT BIR VITACULINE DISCHIE YEAR
		TO JUE TO	
		Conditions, if ony, which gove (b)	
		rise to immediate couse (o), stoting the underlying couse DUE TO	
		$lost. 334 \times (c)$	
			TO WAS HITODSY
	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	
2	A	DIABETES MELLITUS, ARTEHOSCI	ELOTIE HEART DISEASE YES NO K
	CERTIFICATION		nter noture of injury in Port I or Port II of item 18.)
	EE	OR CONTRIBUTING CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	Of MULDIV (II. I ON ICH - A.) (C.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE While Not While foctor	OF INJURY (Home, form, 20f. (City or town) (County) (Stote) y, street, office bldg., etc.)
	8	Hour o.m. 19 While Not While of work	1,
		21. I certify that (I) (this hospital) attended the deceased from	9-27 , 1968 to 10-9 , 1968, that (1) (we) la
		saw the decease palive on 10-9 1968, and that	death accurred at 130 P. M., fram causes and an the date stated above
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		Jishard Wallen M.D.	PHYS. DIRECTOR PHYS. 10-9-60
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type) PRICHARD H. COLLEN MD	10400 CONNECTICUT IN KENSINGTON M
-	22		
	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	
		Removal 10/10/08 Mt. Carmel	Cemetery, Littlestown, Adams Co.P.
	24.	4. FUNERAL DIRECTOR 7557 APPRISCONS 17	Ave 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1	ROBERT A. PIIMPHREY Bethesda Mars	and DATE OCT 1 4 1968 Icharles Inde
		KUDERI A PUNEHRIY KATAGOOG MOM	TI OTHOR DAILS AT THE TOTAL OF

extificate be executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deother Page 4 may be retained by the hospital or ottending physicion. 2

CETAL MENTERS OF MARKET SAME The second of th the state of the second of the Romovak 1-10/10/55 rt. carnol Concing, Littleedern, culming etc. See No. 201 5 1 100 Section of the rest was not a religion

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14769

				FKIIF	ICATE OF L	PEAIH					
		rst	Middle		Last		2a. DATI	E OF DEATH			2b. HOUR
(1	ype or print) Robe	rta	Joan		Rusnak			October	3 <u>T</u> y	1968	10:20
3. SE		4. RACE			S. DATE OF BIRT	TH .		A ACE (In	/eors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	W	hite		13 July	7 194	4	last, birtho	lay) YRS.	MONTHS OAYS	HOURS MIN.
). E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRII	D NEVER MARRI			OF DEATH			
aun	Tllinois	USA		WIDOWI				Montgo	merv		N
D. C	Bethesda		AME OF HOSPITAL OR IN: street oddress) e Clinical					TION (Kind of wo	rk done	12b. KIND OF INDUSTRY	BUSINESS OR
I3o. odmi	USUAL RESIDENCE (Where decision) STATE Maryland	eased lived, if institu	tion: Residence before	13c. CITY	OR TOWN 13	d. INSIDE CITY	LIMITS? 13e	s STREET AND NU 3805 New	MBER	Road	
14. F	ATHER'S NAME First Rasmus	Middle J.A.	Rasmus s	en	IS. MOTHER'S MAIL	DEN NAME Twil			Middle	Els	lost ey
	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY		7. INFORMANT BE	ethes	da, Ma	aryland /	ddress		
T	es, no ar unknown) (If yes gi	ve war or dates of service)	228-58-99	80	The Medic	cal Re	ecords	s, The C	linic		
	18. CAUSE OF DEATH (Enter		ine far (o), (b), and (c).)						APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	Pneumonia							10 d	
ø	201X		AS A CONSEQUENCE OF	100							
	Canditions, if any, which go	/e) /h)	Hodgkin's	Dise	ase					5 y	ears
	rise to immediate cause (a stoting the underlying cou- lost.),(AS A CONSEQUENCE OF								5. 24
	PART 2. OTHER SIGNIFICANT		UTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION	GIVEN IN PART 1(0)		
_	2014	-									
CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20o. AUTOPS	NO [CA	b. IF YES, WERE F USES OF DEATH?	Yes	ONSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERL	DEATH HOUR A.M.		7.5	HOW INJURY OCCU	RRED (Ente	er nature of	injury in Part 1	or Part 2, 1	tem 18.)	
ME	21d. INJURY OCCURRED 2 While Nat while at work	le. PLACE OF INJURY	(AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.					City or Tawn		County	State
	22a. I certify that (4) saw the deceased	(this hospital) at alive an 31 ave,30%(we) (did	rended the deceas October (zizzoz) view the	ed from 9_68, bady afte	22 October and that in the perdeath.	<u>er</u> , 19 <u>.6</u>) (aur) ap	oinian dea	31 Oct.	, 19_ n the da	68 , that te and haur	t (¾ (we) la and fram th
	22b. SIGNATURE	of fore	u_	DI	ATTENDING PHYS.		MED. DIRECTOR		1	Novemb	er 1968
	22d. PHYSICIAN'S NAME (Type) Pet	ter J. Ros			Inst			ical Cen Health,			
23a.	BURIAL, CREMATION, 23 REMOVAL (Becify) i a	11-4-			or crematory t Cem		23d. LOC		Fair		(State)
	FUNERAL DIRECTOR		ADDRESS				BY REGISTRA			SIGNATURE	
EV	erly-Wheatl	ey Fune	ral Home,	Alex	k.Va.	DATE NO	V 6	1968	Cla	res la	edge.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon should be filed with the Stote Dept. of Health prior to burial, cremotion, or removol, and in any event, with VR A15 (4) 30M REV. 1/68

hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 moy be retoined by the hospital or ottending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14761

13104		CE	KIIFICATE OF DEATH	2 27 2 3			-
1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEAT	H Month Day	Year	2b. HOUR
	JADWIGA	L.	RYNAS	Oct.	24. 19	68	63 A
3. SEX Female	4. RACE Cauc		S. DATE OF BIRTH June 4, 1	890 6. A			UNGER 24 MR
7a. BIRTHPLACE (State of country) Polan	d U.S.	A.	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEAT			
10. CITY OR TOWN OF D	ton give	street address) Kensington	Gardens during	SUAL OCCUPATION (Kind mast of warking life, o S . Gov t E	even if retired.) Implovee	12b. KIND OF BUS INDUSTRY -Retir	iness or ed
odmission) STATE Maryla	Where deceased lived, if instituted the county monts	gomery	hevy Chases x	NO □ 7319	Maple A	venue	
14. FATHER'S NAME	First Middle nown)	Lilie	n Is. MOTHER'S MAIDEN NAME (Unknown		Middle		Last
16a. WAS DECEASED EVI Yes na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	Stephen A.	on Rynas	ame as	Item 1	3.
1B. CAUSE OF DE	ATH (Enter anly ane cause per li	ne far (a) (b), and (c).)	4			APPROXIMATE BETWEEN GINSET	
PART I. DEAT	I WAS CAUSED BY: IMMEDIATE CAUSE (a)	mu	monea			3 de	ers
Canditians, if any, rise to immediat	which gave)	AS A CONSEQUENCE OF					
stating the under	lying cause DUE TO, OR	AS A CONSEQUENCE OF					
1192 x	ENIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN F	PART I(a)		
19a. DATE OF OPERA	TION 19b. CONDITION FOR WE	HICH OPERATION WAS PERFO	RMED 20a. AUTOPSY? YES NO	CALISES OF D	WERE FINDINGS CON EATH?	SIDERED IN CERTIF	FYING
21a. ACCIDENT WA	CAUSE OF DEATH HOUR A.M.	F INJURY Manth Day Year 19	21c. HOW INJURY OCCURRED (En	ter nature of injury in t	Part 1 or Part 2, Item	m 1B.)	
21d. INJURY OCCU While Nat wh at wark at war	10	(AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street or R.F.D. N	Na. City ar Ta	wn	Caunty	State
saw the o	that (I) (this hospital) att leceased alive on/ ated above, (I) (we) (did)	0/25 19	fram 4/7 , 19. 68, and that in (my) (our) o dy ofter death.	pinian death accur	7 3 , 19 6 red on the date	& , that (I) ond hour and	(wo) lo
22b. SIGNATURE	Sud a.	Hell 11	ATTENDING PHYS.	MED. STA	FF 22c. DA	TE SIGNED 0-24-68	
22d. PHYSICIAN'S NAME (Type)	FRED A.	GILL	22e. ADDRESS 4	743 Bradl hevy Chas	ey Blvd e, Mary	l. vland	
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 10-26-68		METERY OR CREMATORY f Heaven Cem.	23d LOCATION (Cit	y ar Tawn)	(Caunty) (S	State)
24. FUNERAL DIRECTOR		ADDRESS	2Sa. REC'D	BY REGISTRAR	Sb. REGISTRAR'S SIG	GNATURE	77.71
ROBERT A.	PUMPHREY.	Bethesda.	Maryland DAJE O	CT 2 8 196	8 Miles	relan lud	4R

ly filled in by the funeral on papers. Pages I and 2 with 2 hours after death. within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with xecured TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEASED-NAME 'pe or print)	First	nes	Middle H •	CAT	Last ROFF		20. DATE OF	A1 11	Doy	30	Yeor 68	2b. HOUR I
. 1	3. SE	,	Agi	4. RACE	n.		S. DATE OF E	UTALL	001			JO IF UNDER		1245 M
		Female			casian			12, 191	9	6. AGE (In year	ors () YRS.	MONTHS		HOURS MIN
I	7o. B	IRTHPLACE (Stote or	foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED			. COUNTY OF		110.			
		^{ry)} Indiana	1	USA		WIDOWED	DIVO	RCED []	Montgo					M
		TY OR TOWN OF DEA	a	giv	NAME OF HOSPITAL OR IN re street oddress) Hos	pital		12a. USUAL during mos Hou	OCCUPATION of working sewife	(Kind af work life, even if re	done		KIND OF BI JSTRY	JSINESS OR
	13o. admi:	USUAL RESIDENCE (Wasion) STATE Ma	here deceose ryland	d lived, if insti	ontgomery	13c. CITY OR Rockv:		13d. INSIDE CITY LIM YES NO	ITS? 13e. S1	reet and num 027 Mai	BER	ff F	Road	
	14. F		First	Middle		is.	MOTHER'S N	AIDEN NAME Fir		Mi	ddle			Lost
I			ter		Hubert			Vero					Done	
	16a. Ye	WAS DECEASED EVER es 118 or unknown)	(If yes give wo	ED FORCES? or or dotes of service)	NONE			Rd. arry A.					Marc	liff
1		18. CAUSE OF DEAT	TH (Enter onl	one cause per	line for (a), (b), and (c)	.)							APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		PART I. DEATH		-14	Carcinom		e bre	ast						The opinion
		174×	IMMEDIA		R AS A CONSEQUENCE OF		<u> </u>	400						
		Canditians, if any, v	vhich gave)		K AS A CONSEQUENCE OF									
		rise to immediate	cause (o),	(b) DUF TO, O	R AS A CONSEQUENCE OF									0.000
		stating the underly	ing cause	(c)	K AS A CONSEQUENCE OF									
		PART 2. OTHER SIGN	NIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CO	NDITION GIVE	N IN PART 1(a)				
		170×												
1	CERTIFICATION	19a. DATE OF OPERAT	ION 19b. (ONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUT			YES, WERE FIN S OF DEATH?	DINGS CO	ONSIDER	ED IN CER	TIFYING
	MEDICAL CER	21o. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.	4. Month Doy Yeor	21c. HO	W INJURY O	CCURRED (Enter	nature of inju	ry in Port 1 or	Port 2, I	Item 18.)	
		21d. INJURY OCCUR	RED 21e.	PLACE OF INJUR	Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LO				or Tawn		Count		Stote
	100	220. I certify the saw the de causes star	nat (t) (thi eceased al ted abave	s haspital) c ive an Oc X() (we)(di	ttended the decease 30 d) (did nat) view the	ed_from\$ 1968_, and body after d	that in (x) eath.	10_ , 19_6 ps;) (our) opin	8_, ta_ ian death	Oct. 30 accurred on)_, 19_ the da	68 ite and	, thot (I haur o	th (we) land from th
		22b. SIGNATURE	heads	11	Wilson J.	m.D. DEGRE	ATTEND		D. RECTOR	CTAFF	22c. [DATE SIC	GNED 30, 1	
		22d. PHYSICIAN'S NAME (Type)	Theod	ore H.	Wilson, Jr	, M. I	22e. AD Na	val Hos	pital,	Bethes	da,			
-	23a.	BURIAL, CREMATION,	23b. E	ATE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATI	ON (City or Tow	/n)	(Caur		(State)
		REMOVAL (Specify) Burial		ATE 1. 31. 1.			emete	ry	FALL	s_Churc	h		V	a.
	24.	FUNERAL DIRECTOR	Goldbe	rg Fune	eral Home			2Sa. REC'D BY	REGISTRAR	2Sb. REG				
		4217 9th	St.	N. W. 1	Vashington.	D. C.		DATENOV	4 18	JOB K	Ma	read	Que	se.

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executed within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

	Type or print)	Thomas	Т.	oseph		Last SAUNDER	S	OCT	44 .4	Day 68	Yeor		ноик 130 м
3. SE	X		RACE	000511		S. DATE OF B			6. AGE (In years		DER I YEAR		R 24 HRS.
	Male		Caucasi	an			ecember	1928	last hirthday)	MONTH	S DAYS	HOURS	MIN.
7o. E	BIRTHPLACE (State or	foreign 7b. Cl	TIZEN OF WHAT	COUNTRY?	8. MARRIEI	NEVER MAI	RIED 9	. COUNTY OF				-	1
cont	ashington	, D.C.	U.S.		WIDOWE		RCED 🗌	Mont	gomery				Md.
10. 0	thesda, M	ATH		OF HOSPITAL OR INST t address) al Hospit			_ during_mas		(Kind of work don life, even if retired		o. KIND OF DUSTRY	BUSINES	S OR
13o. odmi	USUAL RESIDENCE (Wissian) STATEVir	here deceosed live ginia 13b	d, if institution: b. COUNTY Fa	Residence before	13c. CITY C Fair		13d. INSIDE CITY LIM YES NO	ITS? 13e. ST	REET AND NUMBER 12 Brooks	rood	Driv	re	15
14. F		ichard	Middle E .	Lost SAUNDE		1s. MOTHER'S M Flore	AIDEN NAME Fir	st 5	Middle		Pla	lost atze:	r
160. Y	WAS DECEASED EVER	IN U.S. ARMED FOI (If yes give war or date		579-36-2	-	INFORMANT Navy	Records		Address				
	18. CAUSE OF DEAT	FH (Enter anly one WAS CAUSED BY: IMMEDIATE CAU	Ma	or (a), (b), and (c).) Ssive ce	rebra	1 hemor	rhage					MATE INTER ONSET AND	
	4311		UE TO, OR AS A	CONSEQUENCE OF									
	Canditions, if ony, w	cause (a).	(b)								10		
	stating the underly	ring cause D		CONSEQUENCE OF									
	PART 2. OTHER SIGN	IFICANT CONDITION	(c) S CONTRIBUTING	TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR CO	NDITION GIVE	N IN PART 1(o)				
×	33/)	1											
RTIFICATIO	19a. DATE OF OPERATI	ION 19b. CONDIT	ION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTO		CAUSES	YES, WERE FINDING OF DEATH? es	S CONSIDE	RED IN C	ERTIFYIN	G
MEDICAL CERTIFICATION	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify me	CAUSE OF DEATH dical examiner)	P.M.	lonth Doy Yeor	43			nature of inju	ry in Part I or Part	2, Item 11	в.)		
M	21d. INJURY OCCURR While Nat while at wark at work			HOME, FARM, STREET, FACT ICE BUILDING, ETC.	11.5				ar Town	Cau			State
	22a. I certify th saw the de causes stat	eceased alive a	n SU UCT	ed the decease ober 19 PRM) view the b	00,0	nd that in (🛱	, 19 <u>6</u> 34) (aur) apin	ian death o	accurred an the	19 <u>68</u> date an	_, that d haur	and fro	/e) last am the
	22b. SIGNATURE	rance	7.	Sent.	M DDE			D. RECTOR	STAFF PHYS.	c. DATE S	IGNED		
	22d. PHYSICIAN'S NAME (Type)	Francis	E. SEN	N, JR., N	4. D.	22e. ADI	DRESS						
1	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE NOU.	4 1968		ton N	ational		Ar	ON (City or Town) lington			(State	_{e)} inia
	.W. Chamb	ers Co.	140	O Chapin	St.	.W.W	25a. REC'D BY		1968 PC	R'S SIGNA	TURE 9	udg	L

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then proceed remove carbon papers flowed 2 and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72-hours after death.

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ours after death. in by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

Toyer a may be retained by me maying or amening physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please semove carban pages should be filed with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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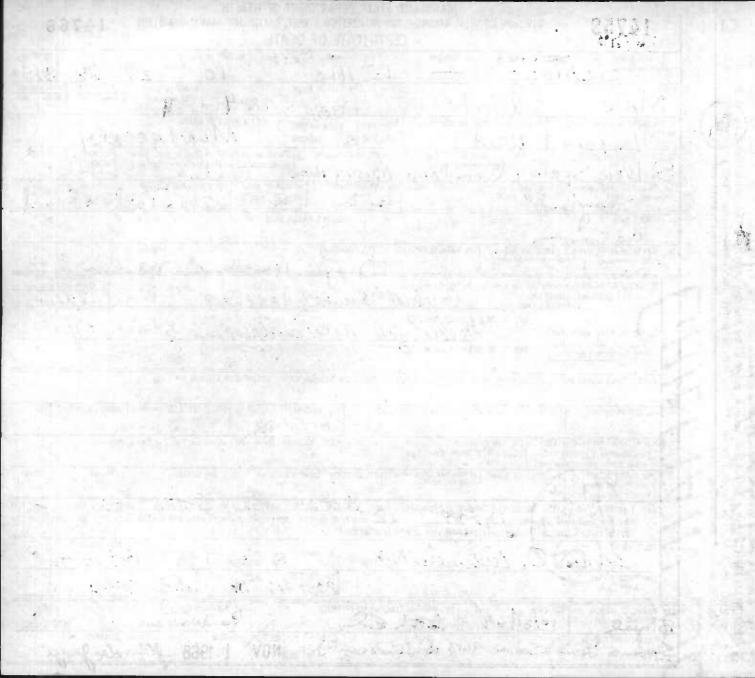
	TAIN		CER	RTIFICATE OF DEA	TH		1211	
	CEASED-NAME ype ar print)	First m. 14/4 14	Middle	Last	2a. DATE OF	DEATH Manth D	ay Year	2b. HOUR
3. SE.		4. RACE	ite	5. DATE OF BIRTH	106	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HI
caun	2.6.	US	AW	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	itaon	ery	
Si	ITY OR TOWN OF DEATH.	N9 give st	ME OF HOSPITAL OR INSTITU reet address)	CY055 dur	usual occupation	life even if retired.)		BUSINESS OR
admi	USUAL RESIDENCE (Where dissian) STATE May /	and 13b. COUNTY	10N GOMERY S	I ver Sorus YES X	NO 5/	REET AND NUMBER 4 MISSI	ssippi	ave
5		Middle stian	Schaefer		Secondos	XXXX	XXXX	e ene
	es, no, ar unknawn) (If ye	s give war or dates of service)	16b. SOCIAL SECURITY NO. 579-34-3608	17. INFORMANT Grances S.	Schaefer	Address 514 Miss	issippi	r. Ma. Avenu
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS C IM Canditians, if any, which g rise ta immediate cause stating the underlying co last.	AUSED BY: MEDIATE CAUSE (a) DUE TO, OR A: (a), (b) E: DUE TO, OR A:	cuteBronch A CONSEQUENCE OF MPHYSEMA A CONSEQUENCE OF	nopneumonia eroticHeart)ise a se		BETWEEN ON	ISET AND DEATH
z	PART 2. OTHER SIGNIFICAN		ING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEAS sity	E OR CONDITION GIVE	N IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFOR			YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDE or contributing cause ((If either, natify medical e	DF DEATH HOUR A.M. P.M.	Manth Day Year	21c. HOW INJURY OCCURRED		ry in Part 1 ar Part 2	2, Item 18.)	J.
ME	21d. INJURY OCCURRED While Nat while at wark) 21f. LOCATION Street ar R.F		ar Tawn	Caunty	State
	22a. I certify that (1)	ed glive on 10-	-12 196	rom, d, and that in (my) (ou	19 <u>6 </u>	occurred on the c	9 <u>6t</u> , that dote and hour d	(I) (we) I
	couses stated a	bave, (I) (we) (did) (did nat) view the bad	y after death.				
	couses stated al	bave, (I) (we) (did) (did nat) view the bad	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. D 220	c. DATE SIGNED	8

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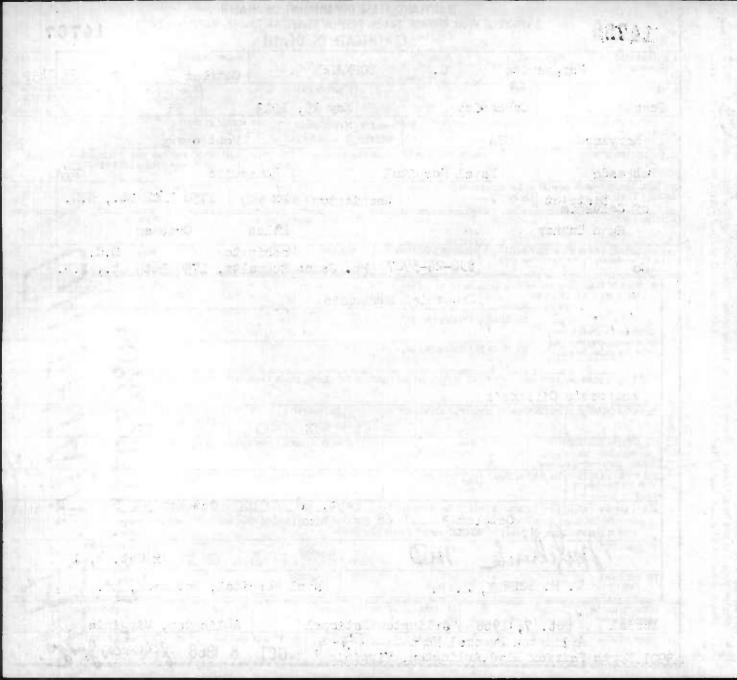


. DECEASED-NAME (Type ar print)	First Marguerite	Middle G.	SCHN	Last IALTZ		o. DATE OF DEATH October	Day 2 Year 6	2b. HOUR 8 845P
B. SEX	4. RACE			DATE OF BIRTS		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female		casian		May 19,		last birthday)	RS. MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State country) Maryl	ar fareign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED 2	NEVER MARRIE	9. (0	DUNTY OF DEATH Montgomery	NJ.	N
o. city or town of Bethesd		11. NAME OF HOSPITAL OR IF give street address) Naval Hospi		in haspital	12a. USUAL OC during mast at House	CUPATION (Kind of work dail f working life, even if retired WITE	ne 12b. KIND OF INDUSTRY N	BUSINESS OR
13a. USUAL RESIDENCE admission) STATE D	strict /3b. CO	institutian: Residence befare UNTY	Washir		INSIDE CITY LIMITS?	13e. STREET AND NUMBER 1750 16th		
14. FATHER'S NAME		iddle Last	15. /	MOTHER'S MAID	Helen	Middle Cashman	1	Last
16a. WAS DECEASED EV Yes, no. ar unknawr	(If yes give war ar dates of se				Washing Schmal	ton Address tz, 1750 16th	St. N.	W.
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T (r, which gave)	O, OR AS A CONSEQUENCE OF	l pneumo	nia			BETWEEN (ONSET AND DEATH
stating the und last. 4 9	silying coose	O, OR AS A CONSEQUENCE OF (c)		THE TERMINAL D	ISEASE OR CONDI	TION GIVEN IN PART I(a)		
Laenr 19a. DATE OF OPE 21a. ACCIDENT V	ec's Cirrho Ation 196. CONDITION	SIS FOR WHICH OPERATION WAS P	PERFORMED	20a. AUTOPS	Y? NO 🗌	20b. IF YES, WERE FINDING CAUSES OF DEATH?		ERTIFYING
S OR CONTRIBUTING	CAUSE OF DEATH HOU		19		5	ure af injury in Part 1 ar Part	t 2, Item 18.)	
While Nat w	URRED 21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.				City ar Tawn	Caunty	State
sow the	deceased alive an	ol) ottended the deceo October 3 (djd) (didnot) view the	19 68, and	thot in (may)	, 19 <u>68</u> (aur) opiniar	, ta October 3, and death occurred on the	e dote ond hour	and from t
22b. SIGNATURE	Michen	le mo	DEGREE	11113.	MED.	STAFF FEE	22c. DATE SIGNED Oct. 4, 1	968
22d. PHYSICIAN'S NAME (Type	T. H. SCH				1 Hospi	tal. Bethesda		
23a. BURIAL, CREMATI REMOVAL (Specif	oct. 7.	1968 Arlin	f CEMETERY OR Congression Nat	tional		d. LOCATION (City or Town) ARlington, Vi	(County)	(State)
24. FUNERAL DIRECTO	Arlington	Funeral Home	115	sen On. 12	Sa. REC'D BY RE	8 1968 256. REGISTR	AR'S SIGNATURE	20.00

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5. The Joneral director, page 3 shauld be detached far use as the burial-transit permit. Then please comaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

Page 4 may be retained by the hospital ar attending physician.



CAUSES OF DEATH? Yes 2]c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) County Stote 220. I certify that (*) (this haspital) attended the deceased from Sept. 3 , 1968 , to Oct. 12 , 1968 , that (*) (we) last sow the deceased alive on Ct. 12 1968, and that in (my) point death occurred on the date and hour and from the 22c. DATE SIGNED 30 OCT 1968 22d. PHYSICIAN'S 22e. ADDRESS ROBINSON N.R. NAME (Type) Naval Hospital. Bethesda. Md. VR A15 (4)

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12b. KIND OF BUSINESS OR

Last Smith

BETWEEN ONSET AND GEATH

IF UNDER 1 YEAR

2b. HOUR A

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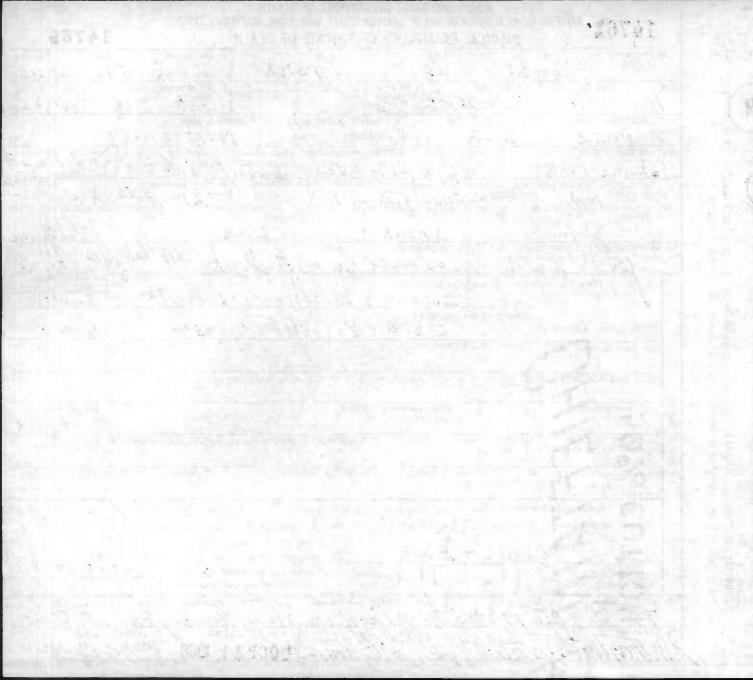
IF UNDER 24 HRS.

30M REV. 1/68

within 24 haurs after death

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DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14769 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME Middle 2a. DATE KNOWN 2b. HOUR Month Year (Type or Print) OF ESTIaf DEATH MATED IF UNDER 1 YEAR 4. RACE S DATE OF BIRTH AGE (In years 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR W Year 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 21.S.A WIDOWED Yout gonzei ages l and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF along death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY Montromer 4 Valone. Park odmissian) STATE YES NO 24 haug after in Item 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME farwarded to the Chief Medical Examiner's Offi haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil (Yes, no or anknown) File .⊆ APPROXIMATE INTERVAL within be executed AUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Sudden. COLOUSE IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Cardio Viscolar Disease burial-transit 40015 Canditions, if any, which gave rise ta immediate couse (a). This certificate shauld the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X pe shauld be 3 should k 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL PRIMARY TO OR CONTRIBUTING HOUR A.M. ICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote may be retained for yaur FUNERAL DIRECTOR: Page factory, office building, etc.) WHILE NOT WHILE O please execute the funeral director. Page burial, 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian Natural causes Suicide | death resulted fram: Accident . Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE oct 16,1965. O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) 0 BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) 2Sa. REC'S BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68



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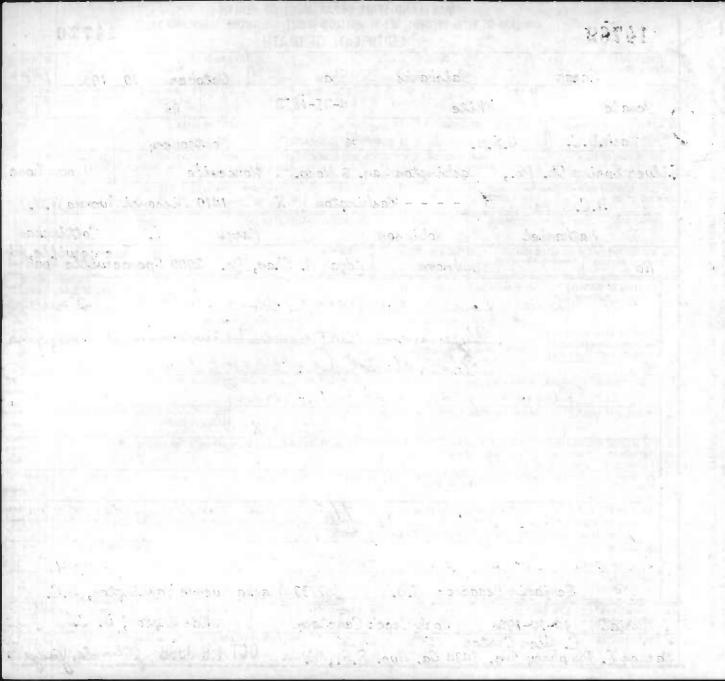
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	X & ()	7.0			(EKIIFI	CALE OF	DEATH					2		
1. DECEASED		Fire	st		Middle		Lost		2a. D	ATE OF E					HOUR
(Type or	pnnt)	Sarah		9a	irbanke	5	Shaw			Octo	Month	Doy	1968	1/3	300
. SEX			4. RACE				S. DATE OF				6. AGE (In v	eors	IF UNDER I YEAR	IF UNDER	
9e	male			White			4-25-	1872			last birthdo	YRS.	MONTHS OAYS	HOURS	MIN.
		or foreign	7b. CITIZEN	OF WHAT COU	NTRY?	8. MARRIED	☐ NEVER MA	RRIED	9. COUR	NTY OF I	EATH		Land L		
auntry)	Wash.	D.C.	U.	S.A.		WIDOWED		RCED 🗍		Mont	gomer	И			M
	TOWN OF				OSPITAL OR INST						Kind of wor		12b. KIND OF	BUSINESS	OR
	- ,	ring I			Hington	r San.	& Hos	p. during n	Rous	EWEY.	even if re	etired.)	INDUSTRY	own h	20114
30. USUAL Idmissian)	RESIDENCE STATE	(Where dece	osed lived, if 13b. COL	institution: Res JNTY		13c. CITY O	naton	13d. INSIDE CITY YES N			ET AND NUM		Avenue	e N.U	1
14. FATHER	'S NAME	First		iddle	Last	1	S. MOTHER'S A		First			liddle		Last	
		Natha	niel		Robin	son			Mary		3	•	Cot	ting	ram
			RMED FORCES?		CIAL SECURITY N		INFORMANT	4 000	^		Ac	dress 5	pencer	ville	e,/
1es No	ar unknow	n) (ii yes giv	wal of doles at ser	unk	nown		dgar (1. Shau	, gr	0 4	2000 5	penc	ervill		
				per line for (a	a), (b), and (c).)		1_	11	1		1 1			ONSET AND I	
	PART I. DEA	ATH WAS CAU:	SED BY: DIATE CAUSE (a	1 acc	ite (san	estu	e se	earl	17	weller	1	0	ruce	h
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		nγ, which gave ate cause (a)		b) Thus	res tiens	rul 8	arte	is oull	ratel	Car	did 19ans	ale	v -mo	ing (100
		lerlying cause		O, OR AS ALCOH	NSEQUENCE OF		10	,	-	,	. 0	uasi	lan	0/	145
last.) (() /le	suga.	CISCA	<u>l</u>	ster	NA	ella	Des		1	L	"
PART	2. OTHER	SIGNIFICANT			DEATH BUT NO	1	1				IN PART 1(a	1			
Z 11	3X	01		nay ?	In te		Iral.		021						
190. D	ATE OF OPE	RATION 19	b. CONDITION F	OR WHICH OPE	RATION WAS PER	FORMED	20a. AU1				/ES, WERE FII OF DEATH?	ADINGS CO	ONSIDERED IN (CERTIFYING	G
E L							YES								
		WAS UNDERLY G CAUSE OF D	2101	TIME OF INJURY R A.M. Mont	h Dov Yeor	21c. 1	IOW INJURY O	CCURRED (Ent	er nature	af injury	in Part 1 or	Part 2, I	Item 18.)		
(If eit	her, notify	medical exor	miner)	P.M.	19										
	INJURY OC	CURRED 21	e. PLACE OF IN	VJURY (AT HOME	, FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f. I	OCATION Str	et ar R.F.D. N	0.	City o	or Town		Caunty	S	state
	Not v			7.7			//		7 17		1		1.72	400 4	
22a.	i certify	y that (I) (this hospito	() oftended	the deceose	d from	debat in le	, 194	ob ,	10 /0	10	, 19_	to and hour	t (I) (W	e) lo
	causes:	aeceasea stoted obo	ve. (I) (we)	(did) (did no	ot) view the b	ody ofter	deoth.	ny) (our) of	oinian a	earn o	correa on	The do	ne ona nour	ana ire)111 111
	IGNATURE		1	() (,	,			/			22c. [DATE SIGNED	,	
10	and o	mm	Sh	aaes.		DEG	REE PHYS.	ING D	MED. DIRECTOR		PHYS.	1 /	10/10/	68	
22d.	PHYSICIAN'	S	Tec-	The state of			22e. AD		,	0					
	NAME Type	1 Bei	yamın	9 saacs).		33 Ala	ska l	Hven	ne Wa	shin	gton, D	0.00	
23a. BURIA	AL, CREMATI		DATE		23c. NAME OF C				23d.		(City or Tax		(County)	(Stote	;)
100	YALKSBEE		-14-19		Rock C	reek	emete				shing				
24. FUNER	AL DIRECTO	- 60	Glen C		ATTERESE	n Com	13	2So. REC'D					SIGNATURE	0	
Warn	er E.	Pumpl	rey Dr	10. 843	4 Ga. A	ve. S	S. Ma	DATE	OCT	16	1968	XC	harles	Yound	M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and simpletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please temave carban papers. Page should be filled with the State Dept. at Health prarta burial, crematian, ar remaval, and in any event, within 72 hours. VR A15 (4) 30M REV. 1/68

executed within 24 hours after death.



Falls Church Funeral Home, Falls Church, Wat. OCT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

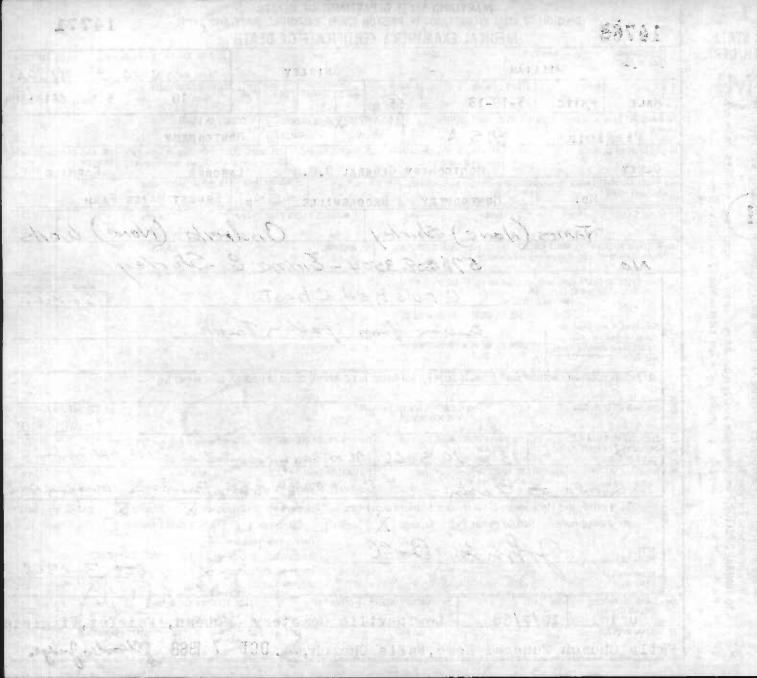
14771

1476		MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	ATH					
1. DECEASED-NAME (Type or Print)	First	School Inc.	Middle	Lost		20	DATE KNOWN	Month	· Doy	Year	2b. HOUR
(Type of Timi)	WIL	LIAM	-	SHIRI	EY.		DEATH MATED	10	3	1967	10 AM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In	years IF UNDER 1 YEAR lay) MONTHS DAYS	IF UNDER 24 HOURS	HRS. 2c	. DATE PRONOUNCE				2d. HOUR
MALE	WHITE	3-19-13	last birthe	YRS. MUNIHS DAYS	HODKS	MIN.	Manth 10	Doy	3 Ye	ear 19 68	10:30
o. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHAT CO	UNTRY? 8.	MARRIED NEVER M	ARRIED 🗌	9. COUNT	Y OF DEATH		100		
country) Virg	inia	915.	A .	WIDOWED DIV	ORCED 🗌	Mon	TGOMERY				Md.
O. CITY OR TOWN OF	DEATH			UTION (If not in hospita			ATION (Kind of w			ND OF BUSI	NESS OR
OLNEY		give street of	TGOMERY G	ENERAL D.O.	A	LAB	arking life, even if ORER	retired.)	INDUST	ARMIN	G
3a. USUAL RESIDEN	CE (Where deceos	ed lived if institution-	Residence before 13c	CITY OR TOWN	3d. INSIDE CITY LIN	1.0	e. STREET AND NUA				
admissian) STATE	Mo.	13b. COUNTY ONT G	OME RY	BROOKEVILLE	YES NO		ERNEST M	AIER	FAR	M	
14. FATHER'S NAME	First	Middle	Lost	1S. MOTHER'S MA	IDEN NAME	First	Mi	ddle	- 1	Last	
	TAME	5 (None	Shirle	/	Gi	do	ella (NON	10)	ale	115
160. WAS DECEASED EV			OCIAL SECURITY NO.	17. INFORMANT			ADDRE	SS			
(Yes, na, ar unknaw	(If yes give	war or dates of service)	18-09-3	504-61	nma	6.	Shir	ley			
1B. CAUSE OF	DEATH (Enter and	y ane couse per line for	(a), (b), ond (c).)	. 1				/	В	APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH
PART I. C	EATH WAS CAUSED	D BY: TE CAUSE (a)	Crus	hed. Cl	rest					Sud	elen
916>		DUE TO, OR AS A	CONSEQUENCE OF	0						\$2 - DE	100
	ny, which gave	(b) tr	ume for	m. fal	lling .	Tree	4 .				
	iate cause (a), (DUE TO, OR AS A	CONSEQUENCE OF								-1231
last.)	(4)									
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CO	ONDITION (GIVEN IN PART 1(a)				
= 9101											
19a. DATE OF O	PERATION		CONDITION FOR WHIC	H OPERATION					2	0. AUTOPSY	?
DEL			WAS PERFORMED?							YES 🗌	NO 🔀
		21b. TIME OF INJURY	Manth, Day, Year	21c. HOW INJURY O							
PRIMARY 00 CAUSE OF DEAT	R CONTRIBUTING [H	HOUR A.M.	10 3 1966	2030-20	win o	olows .	o tree as	1st	fell.	ond	m.
- 101011110111110111		LACE OF INJURY (At hom	ne, farm, street,	21f. LOCATION Stree	ar R.F.D. No.		City or Town		Caur		State
AT WORK	OT WHILE TOO	tory, affice building, etc.) n	Einst m	ager Fo	nm	. Brook	relle	m	مسو لم	5 mest
		ook chorge of the rea			400			quiry 5	7), (and in m	y apinian
	sulted from:	Natural couses		Suicide .			Undetermined		-		,
		2			IEF MEDICAL EX						
ACTUAL		John &	1 I Int	P	SISTANT MEDIC		JER	22b. DATI	ESIGNED		
SIGNATURE _	1			m.v.	PUTY MEDICAL			00	+ .5	3.19	768
EXAMINER'S NAME (Type)					DRESS(Street,		-		-		
23a. BURIAL, CREMA	TION, 23b.	DATE	23c. NAME OF CEM	ETERY OR CREMATORY		23d. LO	CATION (City or To	wn)	(Count	y) (S1	tote)
REMOVAL (Spec	ify)	17/68	Lawing	ville Cer	neters						
24. FUNERAL DIRECT		77700	ADDRESS	VIII OG	2So. REC'D	BY REGIST	RAR 255. R	EGISTRAR'S	SIGNATI	URE .	gini
Falls C	hurch F	Tuneral He	ome Fall	s Church	NOAME . O	CT	7 1968	nch	ande	4 Joes	lat

VR A15ME (5) 10M REV. 1/68

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TO DEPUTY



Middle Last Address nursing 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) State County saw the deceased alive on 2 6 1908, and that in (my) (our) opinian death accurred an the date and haur and fram the 225. SIGNAJURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Rock Creek Cemetery Burial (3 10-30-1968 Washington, D.C. 24. Jose of Gawler's Sons Inc., ADDRESSO Wisc. Ave 250. REC'D BY REGISTRAR N.W., Wash., D.C., 20016

14772

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

IF UNOER 24 HRS.

HOURS

12b. KIND OF BUSINESS OR

VR A15 (4) 30M REV. 1/68

directar, page 3 shauld be filed v

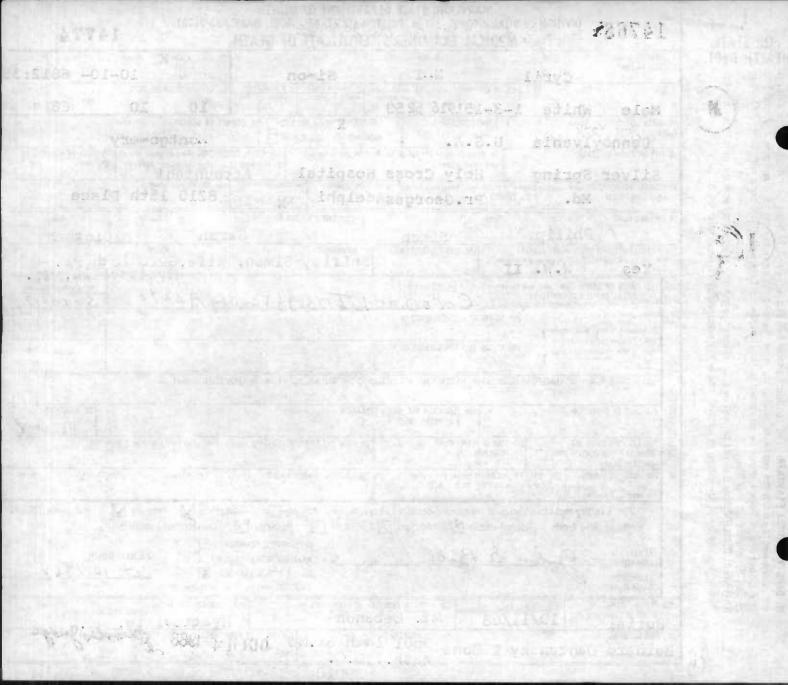
O HOSPITAL

Pumphrey. Inc. 8434 Georgia Avenue

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201

Thems 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14774 FOR STATE DEPT DECEASED-NAME First Middle 2a. DATE KNOWN Month Doy 2b. HOUR (Type or Print) ESTI any deloy is a OF Poge 10-10-16812:345 NIMI Simon DEATH MATED 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR PM3. last birthday) 1968 52.5/3 YRS White Male 7a. BIRTHPLACE (State or foreign country) New York 7b. CITIZEN OF WHAT MARRIED NEVER MARRIED 9. COUNTY OF DEATH ice olong with form country) New York Dennsylvani 10. CITY OR TOWN OF DEATH WIDOWED [DIVORCED [U.S.A. Montgomery Mem 18. Give Pages lond 2 with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12o. USUAL OCCUPATION (Kind of work done 24 hours ofter death 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Holy Cross Hospital Silver Spring Accountant 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER JEb. COUNTY Pr. Georges Adelphi 8210 15th Place admission) STATE Md. NO after 14. FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Middle Lost in second Philip Simon Sarah Brotman pages hours 5 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** This certificate should be executed within pepal (Yes, no, or unknown) (If yes give war or dates of service)
W • W • II Shirley Simon, Wife, 8210 15th Pl File 72 = event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) should be forwarded to the Chief Medical burial-tronsit permit. Insufficency Acute PART I. DEATH WAS CAUSED BY: COTODATY. udda17 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), please execute the certificate, writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 0.5 removol, be used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO V 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry ond in my opinion death resulted fram: Natural causes Accident . Suicide Homicide Undefermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL n. S. B. 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) ADDRESS(Street, city, tawn, or caunty) 0 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mt. Lebanon 10/11/68 Hyattsville. Buria 14th St.N. N. RECD BY REGISTRAR 1968. RECTORDED 24. FUNERAL DIRECTOR Bernard Danzansky & Sons VR A15ME (5) DATE 10M REV. 1/68 20010

MARYLAND STATE DEPARTMENT OF HEALTH



South Frank Stalights - earner Janes 2210/1/2003/19122 -- - - - sample calmast A rodotal - A No. K The R. McLentree Boyer, V.H. 11. The event Conventing to set while or in the same insive a relievance trade to mar his 30-3-01 SEEL BY FULL I MEDIT THE LIBERTY OF THE PROPERTY OF THE PROPER

VR A15ME (5)

24. FUNERAL DIRECTOR

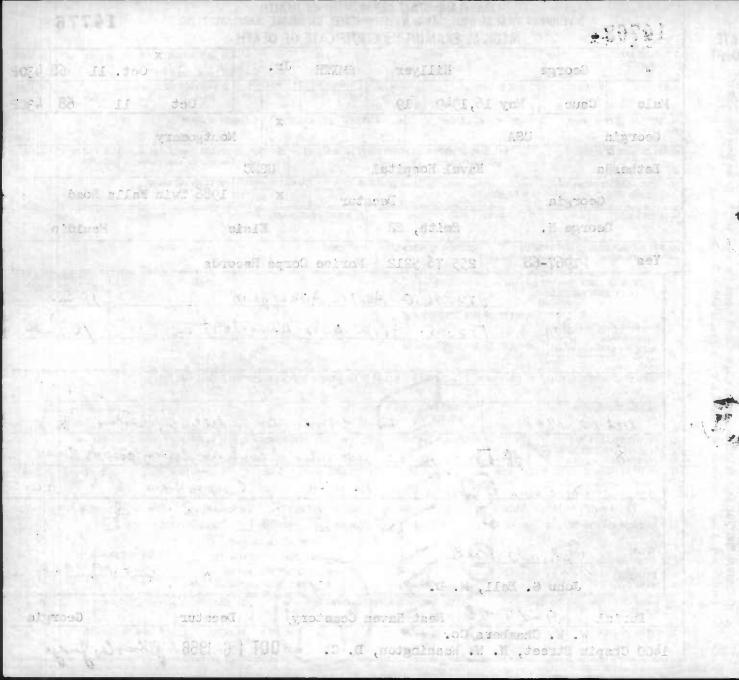
1400 Chapin Street, N. W. Washington, D. C.

W. W. Chambers Co.

250. REC'D BY REGISTRAR 25b.

DATE OCT 1 6 1968

25b. REGISTRAR'S SIGNATURE



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de 2115 de est egos a sellos	ing . I to low	2053-70-023	

rathe funeral

within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

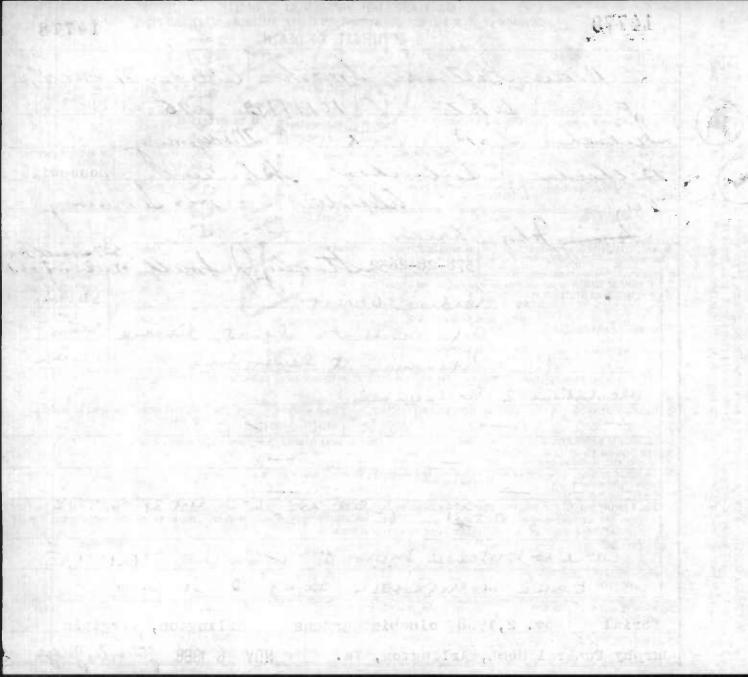
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3. SEX		I selected attention	4. RACE			. DATE OF BIRTH		6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1		111	P +	117.7	10/1	0/00	las	t birthday)	MONTHS DAYS	HOURS MIN
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o, Bi		or foreign	71	1		NEVER MARRIED	L 50	4			
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0. CI	TY OR TOWN OF	DEATH		AME OF HOSPITAL OR	INSTITUTION (If not			CUPATION (Kind		12b. KIND OF	BUSINESS OR
4	SIM	1000	give	street address)	erkos	1	during mast of	working life, e	ven it revired.)	House	ewife
		(Where deceas		ian: Residence befa	re 135 CITY OR T	OWN 13d.	INSIDE CITY LIMITS?	13e. STREET	IND NUMBER	,	
dmis	STATE STATE		18b. COUNTY		Alleka	edsia YE	S NO	153	5 Alex	muna	-
14. FA	THER'S WAME	First	Middle	Last	115	MOTHER'S MAIDE	N NAME First		Middle		Lost
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17-	WAS DECEASED E	VED IN HICHARD	AED FORCES?	16b. SOCIAL SECURIT		ORMANT		7 /	Address	d'un f	
	is, no, or unknow	n) In es sive w	var or dates of service)			- CKINGINI	11	1 /	/	32/24	uck 28
_		-		578-28-	-2054	non	un y	· Am	uh :	T-CLE-C-	2/02-6
				far (a), (b), and	(c).)		111			BETWEEN OF	ANO DEATH
1	PART 1. DEA	TH WAS CAUSED	D BY: ATE CAUSE (a)	andra	· an	tal	/			50 K	Alm.
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-			(c)	TING TO DEATH DUT		THE TEDMINAL DI	CTACE OD CONDU	TION CIVEN IN C	ADT 1/-1		
				TING TO DEATH BUT		INC TERMINAL DI	SEASE OF CONDI	HOM GLACIA IM I	AKI I(0)		
8		برمناسا			in asis						
FICATION	19a. DATE OF OPE	RATION 19b.	CONDITION FOR WH	ICH OPERATION WAS	PERFORMED	20a. AUTOPSY		CAUSES OF D		CONSIDERED IN CE	RIIFYING
CERTIFI						YES 🗀	NO D	CAUSES OF D	CAIII:		
	21a. ACCIDENT \		E 10. 11111E 01			V INJURY OCCURR	RED (Enter notu	ure of injury in I	Part 1 or Part 2,	Item 1B.)	
	OR CONTRIBUTING			Month Day Ye	19		_				
W	21d. INJURY OC	CURRED 21e.		AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		ATION Street or	R.F.D. No.	City or To	wn	County	State
	While Nat wat wark of w	viiii C		OFFICE BUILDING, ETC.	/	_					
			is basnital) atta	ended the dece	read from	A 25	10 5	to O	7 3 1 10	65 that	#4 (wa) 1
	saw the	deceased a	live on Oct	531	1966 and	that in (my) (on apiniar	death accur	red on the di	ate and haur o	and from t
	causes	stated abave	(we) (did)	(discot) view th	e bady after de	eath.	, , , , , , , , , , , , , , , , , , , ,				
	22b. SIGNATURE									DATE SIGNED	
	4	we	a mit	cheel	MD DEGRE	ATTENDING PHYS.	MED. DIRECT	OR PHY		CT 31.	30
	22d. PHYSICIAN'	5			-	22e. ADDRESS				7	
	NAME (Type		RL H	MITE	HELL	207	-9 G	2 52	- N. V	U.	
02.	DUDIAL CDEMAT				OF CEMETERY OR C	DEMATORY	1 02	d. LOCATION (Ci			/54042\
	BURIAL, CREMATI REMOVAL (Specif	1								(County)	(State)
				968 Colu				rling	ton, V:	rginia	l,
	FUNERAL DIRECTO		messino.	ADDRE			a. REC'D BY REC		2Sb. REGISTRAR'S		
Mu	urphy !	Funera	I Home.	Arling	ton. Va	D. D/	ATE NOV	6 196	8 Kali	arles Ja	Jan.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calople of filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbar pagers, shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within [2 fills].

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital or attending physician.



the funeral pages 1 and 2 urs after death. exercited within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within Asserting the state Dept. OR ATTENDING PHYSICIAN: The low requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14779

Male Caueasian O2 June 1916 O3 June		EASED-NAME	First		Middle		Last	20	. DATE OF DEATH		2b. HOUR D
A RACE A RACE S. DATE OF BIRTH S. DATE OF B	(TYE	e ar print)	Rich	ard	G.	St	nith		Manthoct) oy 28 Year 68	12:24
Male Causessan	3. SEX							1		IF UNDER 1 YEAR	IF UNOER 24 HRS.
72. GIRRIPACE (State or foreign country) 72. CITIZEN OF WHAT COUNTRY? 8. MARRIED	М	ale		Cancas	ian		02 June	1916	last birthday)		HOURS MIN.
TOWA			fareign			8. MADDIE					
10. CITY OR TOWN OF PATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give steet oddes) 12. KIND OF BUSINESS OR MOUSTRY 12.	cauntr	,,					_	=			14.4
Bethesda	10 CIT		ATH		ME OF HOSPITAL OR IN				CIPATION (Kind of work don	A 135 KIND OF E	
Springfield YS NO 6315 Abilene Street 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Middle Lost Middle Lost Middle M					reet address)						OSHIESS OK
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost James D. Smith Theresa Postel 16b. WAS DECEASED EVER IN U.S. ARBOR DECRES? Yes, no, or unknown) 17. INFORMANT Address Springfield 17. INFORMANT Address Springfield Springfield Springfield Springfield 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (d)) PART LOBATH WAS CAUSE OF VIEW OF A Adenocarcinoma of Colon with Metastases 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (d)) PART LOBATH WAS CAUSE (o) Adenocarcinoma of Colon with Metastases 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (d)) PART LOBATH WAS CAUSE (o) Adenocarcinoma of Colon with Metastases 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (d)) PART LOBATH WAS CAUSE (o) Adenocarcinoma of Colon with Metastases 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (d)) PART LOBATH WAS COURSED OF COLON DECEASED OF CONDITION GOVEN IN PART LOBATH WAS UNDERLYING course (d) DUE TO, or as a CONSEQUENCE OF (d) 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (d)) DUE TO, or as a CONSEQUENCE OF (d) DUE TO, o			here decease		an: Residence befare	13c. CITY (13e. STREET AND NUMBER		
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1941-1961 1480-07-7820 Trma Smith 6315 Abilene St. Virginia APPODANT INTERVAL SCAUSE BY: Addenocarcinoma of Colon with Metastases Addenocarcinoma of Colon with Metastases Addenocarcinoma of Colon with Metastases DUE 10, OR AS A CONSEQUENCE OF Conditions, if any, which gave ise to immediate cause (a), stoting the underlying cause (b) DUE 10, OR AS A CONSEQUENCE OF DUE 10,		VAS DECEASED EVER	IN U.S. ARM			NO. 17	. INFORMANT				
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24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE			Val	111.7							
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VR A15 (4) 30M REV. 1/68

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funers director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat cured within 24 hours after dear O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex Page 4 moy be retained by the hospitol or attending physician.

14772

MARYLAND STATE DEPARTMENT OF HEALTH

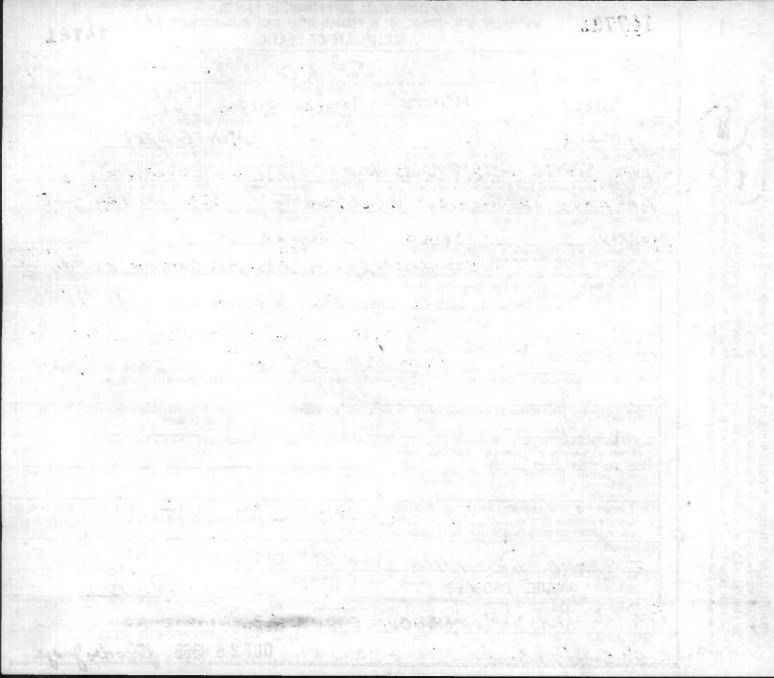
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4780 CERTIFICATE OF DEATH

				CESTIII I	CAIL OI	PLAIII						
DECEASED-NAI (Type ar prin		1	Middle All en		last SOPER		2a. D	ATE OF D	MonthOct Do	Y 29 Y	lear 68	2b. HOUR 805A
3. SEX Male		4. RACE Caucas	en		S. DATE OF BIR		8		6. AGE (In years last birthday) — YRS.	IF UNGER MONTHS		F UNCER 24 HRS. HOURS MIN.
	(State or foreign 7h) hesda, Md.	USA	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARK	RIED 🔼		ntgo	omery			Me
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13a. USUAL RESI odmissian) ST/	DENCE (Where deceosed Virginia	lived, if institut 13b. COUNTY	tian: Residence befare	13c. CITY OF		3d. INSIDE CITY LI	IMITS?		et and number O Raleigh	1 Ave		
14. FATHER'S NA		Middle	Last	1	S. MOTHER'S MA	DEN NAME F	irst		Middle			Last
	Gary	L.	SOPER			Paul:	ine			WIT	LETS	4
16a. WAS DECE	ASED EVER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N		INFORMANT	Virgin		17.0	Address	T T WHO IS		
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× 751	THER SIGNIFICANT CONDI THE SIGNIFICANT CONDI		ITING TO DEATH BUT NO		O THE TERMINAL			2Db. IF Y	YES, WERE FINDINGS (CONSIDERI	ED IN CER	TIFYING
KIIFI					YES 🔯	NO 🗌			OF DEATH?	yes		
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22b. SIGNA	done	He	Tolley	DEG	11113.	LJ D	MED. DIRECTOR		STAFF PHYS. 🖸	DATE SIG		68
	(Type) G	ary H.	SIFIN, M.			I Hos			Bethesda,	Md.		
230. BURIAL, CR		L-1-68	Grover	Cemete	-			Gro	(City or Town) ver, Penr		rania	(Stote)
	RECTOR Robert					2Sa. REC'D B		IRAR 196	25b. REGISTRAR'S	-	-	pl

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CERT	IFICATE UF	DEAIL			
	CEASED-NAME First		Middle	Lost		20. DATE OF DEATH	, v	2b. HOUR
(1)	(pe or print) 50	SEOH		STEINGIES	SSER	Octo bes	Day Year	43 N
3. SE	(4. RACE		S. DATE OF BI		6. AGE (In veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MALE	ω	hite	8	-1-84	Jost birthdoy)	RS. MONTHS DAYS	HOURS MIN.
	IRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY? 8. MA	RRIED NEVER MAR	RIED 9.	COUNTY OF DEATH		
וועם.	Hungary	4.5.			CED 🗀	Montgomer	04	Md
0. (TY OR TOWN OF DEATH		NE OF HOSPITAL OR INSTITUTION (CONTROL OF HOSPITAL OR INSTITUTION (CONTROL OF HOSPITAL OR INSTITUTION (CONTROL OR INSTITUTION	ON (If not in hospital		OCCUPATION (Kind of work dar of working life, even العامة etired		F BUSINESS OR
	BETHESCA		DETA	HESOA		Ket1	Red	372
	USUAL RESIDENCE (Where deceasesian) STATE MARYLAN	ed lived, if institution		TY OR TOWN	YES NO	_ / / /	wood K	2.
4. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MA	IDEN NAME First	Middle		Lost
	Henry			Regina	Tobak			
160.	WAS DECEASED EVER IN U.S. ARA		6b. SOCIAL SECURITY NO.	17. INFORMANT	- 0	(daughter) Address	· Kensin	39 to n 144
- 1	es, no, or unknown)	ar or adves ar service)	058-07-5949	HELEN	5. TE.	W 10102 WIL	dwoodK	d.
	18. CAUSE OF DEATH (Enter an							CIMATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSEI	D BY: NTE CAUSE (a)	Cerebral ini	Carction				
П	433.9		A CONSEQUENCE OF					
	Canditians, if any, which gave	(b)	Cerebral art	erial ins	ufficie	ncy		
	rise to immediate cause (o), stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF			vess	els	
	last. 330 x	(c)	Advanced ath	erosclero	sis, ce	rebral blood		
	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE OR COM	IDITION GIVEN IN PART 1(a)		
NO			, right uppe					
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PERFORM	ED 20a. AUTO YES	PSY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	LERTIFYING
	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAT		NJURY Month Day Yeor	21c. HOW INJURY OCC	URRED (Enter n	ature of injury in Part 1 or Port	2, Item 18.)	
	(If either, natify medical exami-	ner) P.M.	19	A Company				
W	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY	T HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.	21f. LOCATION Stree	t or R.F.D. Na.	City or Town	County	Stote
	at work at work			1	/	0 10	10	
	22a. I certify that (I) (the saw the deceased a	is hospital) atter	ded the deceased fro	m (C) c>	0,190	0, to 001,	19 <u>00</u> , that	t (I) (we) las
	couses stated above	(I) (we) (did) (c	lid not) view the body	s, ond mor in (m) ofter death.	y) (our) opini	an death accurred on the	dote ond nour	ond from the
Н	22b. SIGNATURE		1111	1 111			22c. DATE SIGNED	
П	Kaher	1.2	hotoela	DEGREE PHYS	S ☐ MED	CCTOR PHYS.	10-17	7/8
	22d. PHYSICIAN'S) 22e. ADD	RESS // 000	OLD GEO	RUETOWA	RD
	NAME (Types o BEYE)	Y. /	418ADIA	K	OCKVI	LLE MI	2080	52
23a.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMETE	RY OR CREMATORY		23d. LOCATION (City or Town)	(County)	(State)
	REMOVAL (Specify) BURIAL Oct	.18.1968	Sharon Go	rdens Cem	etery	Vallahalla, N		
	FUNERAL DIRECTOR Donal	d M. Stei	n ADDRESS 23	32 Carroll	2Sa. RECD BY	REGISTRAR 2Sb. REGISTRA		
E	lebrew Memorial	Funeral	Home St., N.	W. Wash.,	DOATE UCT	2 1 1968 200	carles Is	edge

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please renteres carban pagers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and it any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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25b. REGISTRAR'S SIGNATURE

Ochanles

2Sa. REC'D BY REGISTRAR

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1968

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DATE

1	14775		CE	RTIFICA	TE OF DEATH				
	CEASED-NAME : First		Middle	0 '	Lost	20. DATE OF OEATH	nth Oay	Yeor	2b. HOUR
1,	Beat	rice	A	2+1	ckel	1	0 4	68	86M
3. SE	X	4. RACE			. DATE OF BIRTH		(In years	IF UNDER 1 YEAR	IF UNDER 24 NRS.
	Female	()	casion		March 1.	882 last	yrs.	MONTHS DAYS	HOURS MIN.
7a. E	RIPTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		MADDIED		COUNTY OF DEATH	1		
caur	ntry)	VIS.		WIDOWED 5] MEAEK WAKKIEO[W	_		
	ITY OR TOWN OF DEATH		OF HOSPITAL OR INSTI	-		OCCUPATION (Kind o	Toon	12b. KIND OF	Md.
10.	Rockville	give stree		= M ~	during mg	st af warking life, eve	en if retired.)	INDUSTRY	DUSINESS OK
	USUAL RESIDENCE (Where deceos	ed lived, if institution:	Residence before 1	3c. CAY OR T	OWW 13d. INSIDE CITY LIM			^	
	SISTRICT of Colu	136. COUNTY		Doshi	A VECTO NO	□ a914	Port	er Sti	reethy
	ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME FIR	rst	Middle		Last
	Elme	e All	Oress	MAR	Y JANE EN	. hath	. 7	Bear	Imore.
160.	WAS DECEASED EVER IN U.S. ARM	MEO FORCES? 166	SOCIAL SECURITY NO		ORMANT	S. C. C. I. K.	Address Q	D. SIL, S	
Y	es, no, or unknown) (If yes give v	var or dates of service)	-	EL	11 A ALLPRESS	MEYER, N	IECE ,	13218 7	BREGMAN
	18. CAUSE OF DEATH (Enter an	lu ana causa nes lina fe	- (A) (h) and (d)	,		7		APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUSE		7	Line	Hest	trillen		BETWEEN ,O	DWSET AND DEATH
	II DO WIMMEDIA	ATE CAUSE (o)	in Ses	7700	pru.	1042000			
	400 X	DUE TO, OR AS A	CONSEQUENCE OF 2	nui	(bucht 13			3500	
	Conditians, if ony, which gove rise to immediate couse (a),			1.10				31	
	stoting the underlying couse	OUE TO, OR AS A	CONSEQUENCE OF	1.	2011-0	10	DA RUS		
	last.	(c)	an	Jen	67)44(1	1-3	No.		
	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE ORCO	INDITION GIVEN IN PAR	tT 1(a)		71100
z	4721								
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20o. AUTOPSY?			ONSIDERED IN C	ERTIFYING
E					YES NO	CAUSES OF DEA	TH?		
CER.	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJ	URY	21c. HOV	V INJURY OCCURRED (Enter	noture of injury in Pol	t 1 ar Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		lanth Doy Yeor		March Control				
MED	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		19 NOME, FARM, STREET, FACTOR	RY.) 21f 100	ATION Street ar R.F.D. No.	City or Taw	1	County	State
	Termo Teor willie	COFF	CE BUILDING, ETC.)	-	ary ar rave	74 7	,	
	22a. I certify that (I) (th	is hasnital\ attand	ad the decoaced	fram /	Kone , 19 4	10 to 1017	4/ 10	Last that	(I) (wat last
	saw the deceased a	live an	19.	68 and	that in (my) (our) apir	pinn death accurre	d an the da	ite and haur	and from the
	causes stated abaye	e, (1) (we) (did) (did	tnat) view the bo	dy after de	eath.	nan deam decome	d dil lile dd	ile dila lidal	und main me
	22b. SIGNATURE	1 . 11					22c. 1	DATE SIGNED	A
	1 hts	est has	ten	DEGRE	ATTENDING ME	D. STAFF		0-5	-66
	22d. PHYSICIAN'S			7	220 ADDDESS				_
	NAME (Type) Willia	m F. Luck	ett		22e ADDRESS Renc	Road N.W	., Was	h., D.	
720	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CE	METERY OF C	PEMATORY	23d. LOCATION (City	ar Tawn\	(Caunty)	(Stote)
230.	DEMOVIAL (C)	-8-1968	Cleawood			Washington			(21019)

Son appresinc.,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR OSE DA Gawler's S Wisc. Ave. N.W., Wash.,

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

				To the second						
	ECEASED-NAME [Ype or print] WARD]	First Middle B	e Lost STRINGHAM	20 DATE OF DEATH Month 5 Do	by 1968 Bhour Bhom M					
3. SE	X	4. RACE	S. DATE OF BIRTH	1 1- 11-41	IF UNDER 1 YEAR IF UNDER 24 HRS.					
1	Male	Caucasian	6-16-1	898 losty bisthdoy) YRS.	MONTHS DAYS HOURS MIN.					
7o. [BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIE	9. COUNTY OF DEATH						
COUL	Utah	U.S.A.	WIDOWED DIVORCE		Md					
10. (CITY OR TOWN OF DEATH		AL OR INSTITUTION (If not in hospital	120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR					
	Rockville		cosvenor Park	que un inditated for the desired of desired	. INDUSTRIectrical					
13o. odmi	usual RESIDENCE (Where de ission) STATE Marylai	ceosed lived, if institution: Residence	before 13c. CITY OR TOWN 13d. Rockville Y	inside city Limits? 13e. STREET AND NUMBER 10401 Grosve	enor Park					
14. F	FATHER'S NAME First Rich	Middle ard Stringham	Lost 1S. MOTHER'S MAIDI	EN NAME First Middle Elizabeth Barber	Lost					
	. WAS DECEASED EVER IN U.S. (es, no, or unknown) (If yes,	ARMED FORCES? give war or dotes of service) W T 16b. SOCIAL SE	27 11 0	Address I Blake, Daughter,	Beth. Md. 4903 Battery La					
	1B. CAUSE OF DEATH (Ente	r only one couse per line for (o), (b),		est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if only, which go rise to immediate couse (stating the underlying cou lost.	DUE TO, OR AS A CONSEQUE	oronary in	infliciency	lyr,					
CERTIFICATION	4201	CONDITIONS CONTRIBUTING TO DEATH		(? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING					
MEDICAL CER	21o. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy ominer) P.M.	Yeor 19	RED (Enter noture of injury in Port 1 or Port 2,	, Item IB.)					
ME	21d. INJURY OCCURRED While Not while of work	210. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING,	STREET, FACTORY.) 21f. LOCATION Street o	11 0 -4	County Stote					
	22a. I certify that (I) (this hospital) attended the deceased from, 19 fb, to, 19 fb, to, 19 fb, that (I) (we) last saw the deceased alive an, 19 fb, and that in (my) (ever) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.									
	22b. SIGNATURE									
	22d. PHYSICIAN'S NAME (Type)	IRVIN WAI	PLEK, M.P. 220. ADDRES	218 WISCONSIN	AVBETHESTAL					
230.			AME OF CEMETERY OR CREMATORY ant Zion Baptist	23d. LOCATION (City or Town) Cem. Bethesda, Mont	(County) (Stote)					
_	FUNERAL DIRECTOR Jose Visc. Ave. N			So. REC'D BY REGISTRAR 2Sb. REGISTRAR						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. It shauld be filed with the State Dept. af Health priar ta burial, cremation, ar rem Page 4 may be retained by the haspital ar attending physician. VR ATA (17)

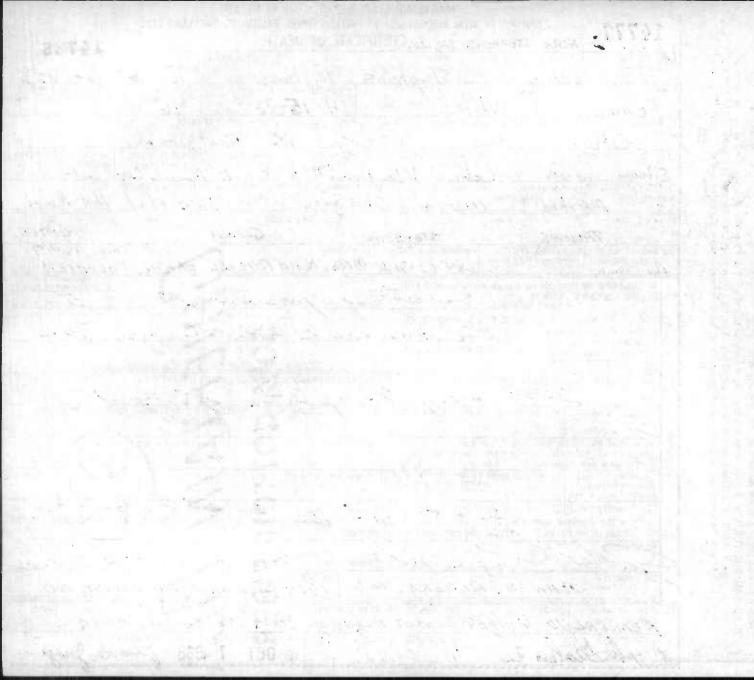
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 STEPHENS TAYLOR CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death Month funeral (Type or print) campletely filled in by the fur 6. AGE (In years IF UNDER 1 YEAR 4 RACE last birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED Mont gamery NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (And of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street address) during mast af working life, even if retired.) INDUSTRY Silver Clerk Marine Com 13a, USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 🗔 Silver Soring 2000 remove in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle GATES GLARA THOMAS STEPHENS pup Address SAME AS # 9 JAH SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, pr unknawn) -03-7130 MRS. NORA RACHEL EAKIN, DAUGHTER 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a crematian, Canditians, if any, which gave) burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 9g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 201. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark , 1966, TOGOL 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive and that causes stated abave, (I) (we) (did nat) view the bady after death. 19 60, and that jornay) (our) apinian death accurred an the date and haur and from the be retained 22c. DATE SIGNED 22b_SIGNATURE STAFF PHYS. DIRECTOR Page 4 may b 22e. ADDRESS S. ROGERS, m.D. NAME (Type) 1919 SEMINARY RO. SIL, SP. MO. director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION CLEVELAND, OH16. SUNSET MEMORIAL 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 1968

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

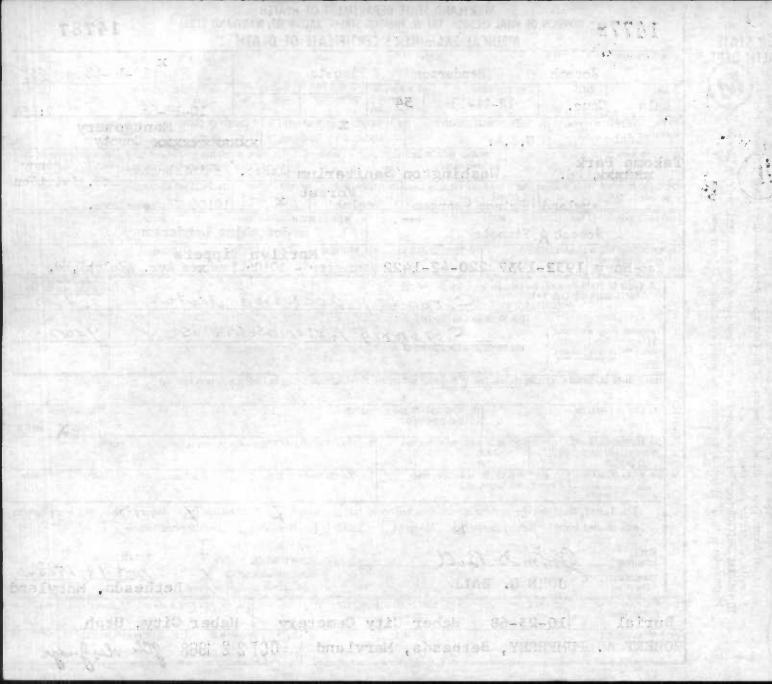
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FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page ny delay is O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart DICAL EXAMINER: This certificate should be executed within 24 hours after the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office of TO DEPUTY

Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

			MILDIC	WE EVALUE	IAFIL 2 C	EKIHICA	LVID	PALL			
	ECEASED-NAME Type or Print)	First Joseph		Middle Henderson	n	Tippet	5			Doy Year 8-68 19	2b. HOUR
3. SI	FY	4. RACE	S. DATE OF BIR	тн 16	. AGE (In years	IF UNDER 1 YE	R IF UNDE	R 24 HRS	2c. DATE PRONOUNCED DEAD		2d. HOUR
7.70	ale	Cauc.	12-1	1-13	54 thday)	MONTHS DA	'S HOURS	MIN	Month Day 10-18-68	Year	2:25AM
	BIRTHPLACE (Sto	te ar foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MA	RRIED NEVER	MARRIED	9. COL	INTY OF DEATH Montgo	merv	
caun	Luan		U.S.A.	AME OF HOCKITAL			OIVORCED [recoborner Cou	nty	Md.
Ta	ITY OR TOWN	Park XX Md.	give Wa	AME OF HOSPITAL (street address) ashingt	on Sai	nitari nitari	um durin	ig most o		12b. KIND OF BUINDUSTRY A	gency
130.	USUAL RESIDE dmission) STAT	NCE (Where deceose	ed liyed, it institu 13b. COUNTY	ution: Residence be	efore 13c. CITY	or Fore	YES YES	NO	13e. STREET AND NUMBER 10106 Towhere	Ave	ration
14 5	ATHER'S MARKE	Maryland	Middle								
14. 1	FATHER'S NAME	First Joseph			Last	1S. MOTHER'S			ne Henderson	lo	ost ».
	WAS DECEASED I	VER IN U.S. ARMED FO	1	16b. SOCIAL SECUR		17. INFORMANT	Maril	yn 1	Tippets DDRESS Townwee Ave. Add	elphi,M	d.
	18. CAUSE C	F DEATH (Enter only	y one cause per li	ne for (a), (b), and	f (c).)						ATE INTERVAL SET AND DEATH
		DEATH WAS CAUSED		CATA	DAT	4 00	c/us.	ion	acute -	Suda	-
- 7	410	9		AS A CONSEQUENC	F OF	/					
	Conditions, if	ony, which gove }	DOL TO, OK	. C	- 40 0 4	" A -	terin	5-10	ernsis.	4001	-e -
	rise ta im me	diate cause (o), ((p)	AS A CONSEQUENC	15 170	1/1	12/10		-100,0	1-31	
		inderlying couse	DUE TO, OK	AS A CONSEQUENC	.t Ur					1000	
	last.	,	(c)								
	PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(o)		A COLO
2	4201										
110	190. DATE OF	OPERATION		19b. CONDITION F		ERATION				20. AUTOP	SY?
FIC				WAS PERFOR	MED?					YES X	NO 🗆
AL CERTIFICATION	21a. EXTERNAL	CAUSE WAS OR CONTRIBUTING		INJURY Manth, Day M.	, Year	21c. HOW INJUR	OCCURRED (Inter notu	ore af injury in Port 1 ar Part 2, Ite	- 4	
MEDICAL	CAUSE OF DEA	TH	P.	M.	19						7
ME	21d. INJURY O	CCURRED 21e. P	LACE OF INJURY (At home, form, stre	eet,	21f. LOCATION St	eet or R.F.D. N	0.	City or Tawn	County	Stote
	AT WORK	AT WORK	tory, office buildin	g, etc.)							
		certify that I to	ak charge of t	he remains des	cribad abov	a hald an A	utancy [7]	In	spection A Inquiry	and in	my opinion
		esulted fram:					Homici			uliu ili i	пу ориноп
	deam	esuitea tram:	Natural Caus	ses [A], Acci	dent [,	201cide [, Homici	ide	, Undetermined manner		
4.3	ACTUAL	0	DA	50 00			CHIEF MEDICA	L EXAMIN			
	SIGNATURE.	Clar	m.13.	Jell		M.D.	ASSISTANT ME	DICAL EXA	AMINER 22b. DATE S		010
	EXAMINER'S NAME (Type		HN G. E	BALL			DEPUTY MEDIC ADDRESS(Street		INER D 127	la. Mar	
23a.	. BURIAL, CREM	ATION, 23b.	DATE	23c. NAME	OF CEMETERY	OR CREMATOR	1	23d.	. LOCATION (City or Town)	(Caunty)	(State)
B	REMOVAL (Spe	ecify)	-23-68	Hehe	r City	y Ceme	tern		Heber City, U	,	
	FUNERAL DIREC		23-00		DDRESS	y ceme	2Sa. REC	'D BY RE	GISTRAR 2Sb. REGISTRAR'S S	SIGNATURE	75
			HREY, I	Bethesd		ryland				May Jus	42

VR A15ME (5) 10M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Agges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. rificate be executed within 24 hours ofter deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death car Poge 4 may be retained by the hospitol or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	14789			EKIIFI	CAIE OF	DEATH					
	ECEASED-NAME First		Middle		Last		20. DATE OF I				2b. HOUR
(Type or print)	RY	WOOD	To	BIAS		10) Manth	Poy	6.2	5:30AN
3. SI	EX	4. RACE			S. DATE OF B	IRTH		6. AGE (In ye	eors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MALE	WHIT	E		5-	8-76		lost birthda	Y) YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MAPPIED	☐ NEVER MAI		9. COUNTY OF		110.1		
COUI	PENN.	U.S.A		WIDOWED		RCED	Me	ONTGOM	ERY	8-	9-A- Mc
10. (CITY OR TOWN OF DEATH OLNEY, EN ROUTE	11. NA/ give st DOA	ME OF HOSPITAL OR INS reet address) MONTGOME	RY GE	nat in haspitol		L OCCUPATION (st of working li LEDICAL			12b. KIND OF INDUSTRY MEOI	
	USUAL RESIDENCE (Where deceoserission) STATE MARYLAND	136 COUNTY	n: Residence before		R TOWN	13d. INSIDE CITY LIN YES NO	AITS? 13e. STR	EET AND NUM	ABER		
14.	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME FI			iddle		Last
7	THOMAS JEFFERS	ON	TOBIA	S		E	LIZABET	ГН	-	W	OOD
	. WAS DECEASED EVER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT	al file of		Ad	dress		
	Yes, no, ar unknawn) (If yes give war	r or dates of service)	220-44-44	17T	MEDIC	AL RECO	RDS DEF	Ta			
	18. CAUSE OF DEATH (Enter only		e far (a), (b), and (c),	77		100					MATE INTERVAL NSET AND DEATH
	PART 1. DEATH WAS CAUSED	BY: E CAUSE (a)	1 sel	mo	salath	Call	nce			L'sex	27
-	428X		A CONSEQUENCE DE-	7 /	N	0	1				
	Canditians, if any, which gove	(b)	Bill	TUNE	al-	210018	no Al	Morec	mia	. 3d	045
	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	-	/1		Un		11	./	/
	last.	(c)	MALLE	110:	SCLOS	osis	-6.	mere	el .	71	S
18	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR CO	ONDITION GIVEN	IN PART 1(a)			
z	4221 /10	ocord	ial 1	Life	20515	~/	Dielle	40_			
CERTIFICATION	190. DATE OF OPERATION . 191. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?			NDINGS CO	INSIDERED IN CE	RTIFYING
TE					YES 🗽	NO 🗆	AUSES	OF DEATH?			
CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	21c. l	- 63		nature of injury	in Part 1 ar	Part 2, It	tem 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Month Doy Year								
MED	214 INTITION OCCUPATION 210 E	.,,	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. No.	City	or Town		Caunty	Stote
	While Not while at work	,	OFFICE BUILDING, ETC.	/		1 1	8	1			
	220. I certify that (1) this	hospital) atte	nded the decensi	ed fram	Oct.	000 196	5 to	121-	1 196	that	(I)) we) las
/	saw the deceased ali	ve on (24	77	968. 01	nd that in I'm	y) (our) opir	nion death o	ccurred on			
1	causes stated abave((1) X we) (010)	did not) view the	body offer	deam.				I 22- D	ATE SIGNED	
1) oned of	NY	Dies 1	47) DEG	REE PHYS.		ED. RECTOR	STAFF PHYS.	7	O C	68.
1	22d. PHYSICIAN'S	D		7.0	22e. ADI	ORESS					
	NAME (Type) DONALD	R. LEWI	3		700	CLOVER	LY STRE	ET, 3	ILVE	SPRIN	G,MD.
23a.	BURIAL, CREMATION, 23b. D.		23c. NAME OF.		R CREMATORY		23d. LOCATION	_		(County)	(State)
		t.10,196		Creek						D. C.	
24.	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D BY				SIGNATURE	
	Francis H. E	arber	Lavtonsvi	Lie. 1	Mde	DARCT	0 196	RI VC	Mary	an Judy	1

VR A15 (4) 30M REV. 1/68

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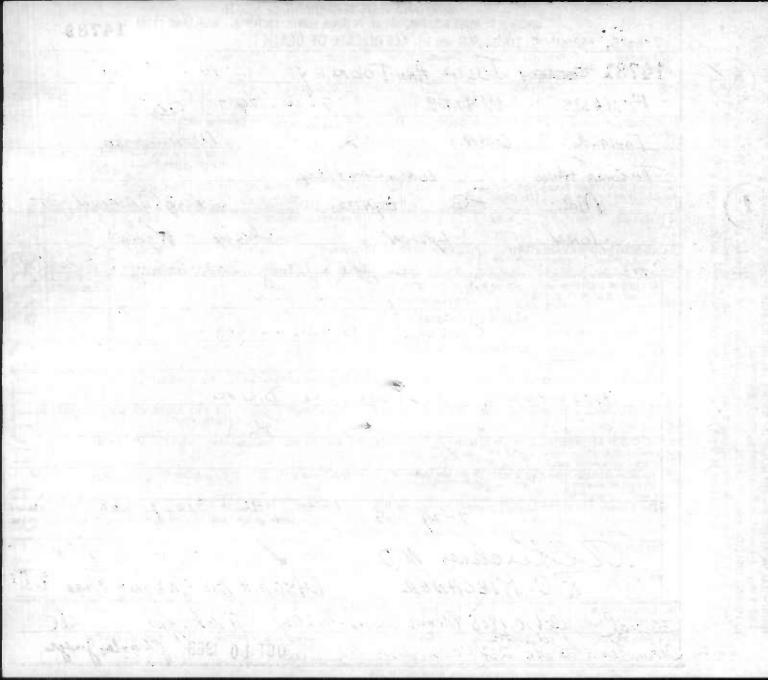
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the nospitol or ottending physicion.

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VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

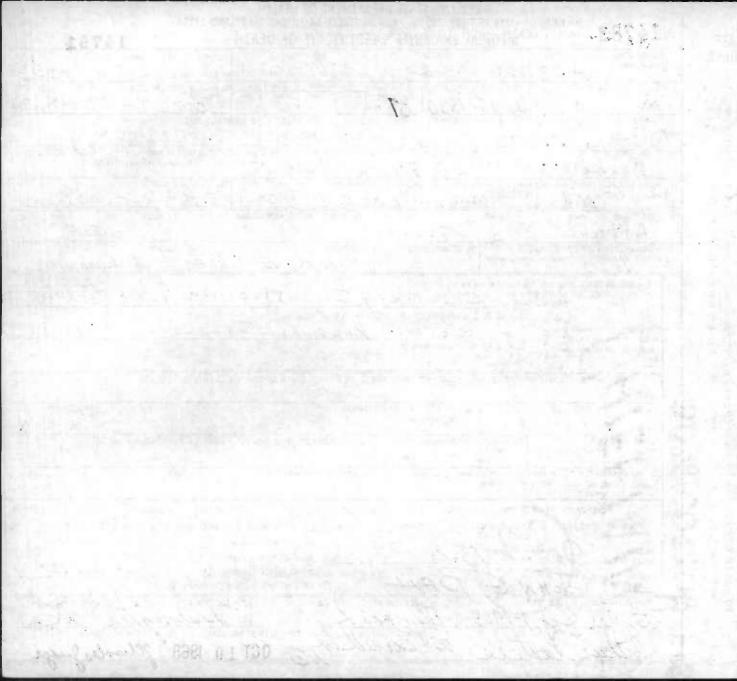
		Item#5, FilmGLO5 10/14/68 km CERTIFICATE OF DEATH
		PORT TO BE TO BE TO BE TO BE THE STATE OF TH
	3. SE	FEMALE WHITE S. DATE OF MRTH 9-14-179 78 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7/	caun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NOTCOMERY Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 130. KIND OF BUSINESS OR INDUSTRY
162	admi	USUAL RESIDENCE (Where deceased lived, if institution, Residence before issian) STATE Md. 13b. COUNTY P.G. Hypatrs. 13d. INSIDE CITY LIMITS? YES NO 2409 GRIFFIN ST.
	14. 6	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost SOHN LUDON SCLIP KUNE
		(es, na, aranknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address Pe Lew world Mr.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 4201 HYPERTENSIVE CARDIO VINSCULAR DISEASE
2	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings considered in certifying Causes of Death?
	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manith Day Year P.M. 19
	W	21d. INJURY OCCURRED VAILED At while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn County State
		22a. I certify that (I) (this haspital) attended the deceased from 1-20, 1942, ta 10-7, 1968, that (I) (we) last saw the deceased alive an 1992, and that in (my) (our) opinion death occurred on the date and havr and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
		226. SIGNATURE Churchus M.D. DEGREE ATTENDING MED. STAFF 10-7-68
1		22d. PHYSICIAN'S NAME (Type) R.C. KIRCHNER 22e. ADDRESS 6480 N.H. DTE -TAKOMA PARK NLD.
	7	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
/68	1	FUNERAL DIRECTOR ADMINISTRATE SIGNATURE DATOCT 10 1968 JULIANES SIGNATURE DATOCT 10 1968 JULIANES JULI



MARYLAND STATE DEPARTMENT OF HEALTH

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/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
Ż		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		19783 tem MEDICAL EXAMINER'S CERTIFICATE OF DEATH	791
HEALTH DEPT.		Tuno or Print) A C. OF CCTI	G 1968 65 3M
delay is and 3 to M3. Page	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD IN MONTHS DAYS HOURS MIN. MORTHS DAY HOURS MIN.	Year 19 68 6 5 M
P. S.	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 00 16 PM
form form	COME	ashington. D.C. USA WIDOWED DIVORCED Montgon	MIC
deoth e Pog with	10. 0		b. KIND OF BUSINESS OR DUSTRY
0 80 0		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE Ma 13b. COUNTY Montgomes Rockville YES NO 509. Fleche	C Place
Office ond	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last VEA ED C
4 6 9 8		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	TELES!
with with can can can le		(es, na, ar up Rhawn) (If yes give war or dotes of service) RAYMOND E TURNER BULL	APPROXIMATE INTERVAL
executed in Medical Experimit. Fi		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COronory. In 30 the constant of t	BETWEEN ONSET AND DEATH Suddelen.
X P & C to		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Due TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)	Years.
		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	10000
he v he v to the burn	10	(c)	
certificate should writing the word irworded to the C used os o buriol-tr moval, ond in ony	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
# 7 = 0	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19	18.)
(AMIN ie the ie 4 sh rour fil age 3 s cremat	MED		Caunty State
AL EX Xecur Pag for) OR: P		22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry,	and in my opinion
pleose e director retoined DIRECT or to bu		death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined monner [
To		ACTUAL SIGNATURE GOMES BELC. CHIEF MEDICAL EXAMINER (CHIEF MEDICAL EXAMINER (C	
TO DEPUTY necessory, the funera 5 may be TO FUNERAI Health pri		EXAMINER'S NAME (Type) Sp. H.N. G. BAHL DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	6,1968.
the S Hee	0 30		ounty) Store
	24.	FUNYRAYDIRECTOR 256. DEGISTRAR'S SIG	GNATURE .
VR A15ME (5) 10M REV. 1/68	1	A Wither Natters 254 Derral Pt BATE OCT 10 1968 golian	les Judge



VR A15 (4) 30M REV. 1/68 14784

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CLI	IIIICAIL OI DLAIII		4 (32	
1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	V	2b. HOUR
(Type ar print) ROSE m	ARY A	ACCARO	10 Month Day	1968	6 A1
3. SEX , 4. RACE	1	S. DATE OF BIRTH	6. AGE (In years		UNDER 24 HRS.
FEMALE u	phite	10/27/0	last birthday)	MONTHS DAYS H	HOURS MIN
	N OF WHAT COUNTRY? B. N		. COUNTY OF DEATH		
country) libah D. C. U.S.		DOWED DIVORCED	Montgomery	1	M
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT	TION (If nat in haspital 12a. USUA)	OCCUPATION (Kind of work done	12b. KIND OF BU	SINESS OR
SilvER SPRING	give street address)	Ross Hosp during ma	st of working life, even if retired.)	GOU T.	
3a. USUAL RESIDENCE (Where deceased lived, if	f institution: Residence before 13c.	CITY OR TOWN 13d. INSIDE CITY LIN	NITS? 13e. STREET AND NUMBER	1,000	
admission) STATE Maruland 13b. (OUNTYON townery 5	il. Spr. YES NO	□ 8023 Easter	n Avenue	
	Middle Last	15. MOTHER'S MAIDEN NAME FIL	rst Middle		Last
Thomas	L. Danaher	Mo	14U	McCa	ill
16g. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16b. SOCIAL SECURITY NO.	17. INFORMANT	AddressRI	ockville.	Md.
Yes, no, ar unknown) (If yes give war ar dates of s	579-14-0805	Mrs. Julia U. 1	Pearson 602 Dean	Drive.	
18. CAUSE OF DEATH (Enter only one cour	se per line for (a) (b) and (c))			APPROXIMAT BETWEEN ONSE	E INTERVAL
PART I. DEATH WAS CAUSED BY:	active	nost and (R) e	neumondon	BEIWEEN ONSE	I AND DEATH
IMMEDIATE CAUSE	΄. Λ	1	- 1 0		
Canditians, if any, which gave	TO, OR AS A CONSEQUENCE OF	m chreitails	RILL	70.100	
rise ta immediate cause (a),	(b) OP AS A CONSTRUCT OF				
stating the underlying cause	TO, OR AS A CONSEQUENCE OF		0		
PART 2. OTHER SIGNIFICANT CONDITIONS OF	ONTRIBITING TO DEATH BUT NOT BE	TATED WATER TERMINAL DISEASE OR CO	ANDITION CIVEN IN DADT 1(~)	1	
A) A	Mikibolino, 10 beath Bot Not ke	ENTEUTION THE TERMINAL DISEASE OR CO	MOTION GIVEN IN PART I(0)		
190, DATE OF OPERATION 196, CONDITION	FOR WHICH OPERATION WAS PERFOR	MED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERT	TEVING
19a. DATE OF OPERATION 19b. CONDITION	TOR WHICH OF SIGNION WAS TERFOR	YES NO NO	CAUSES OF DEATH?	ONSIDERED IN CERT	11 (1140
21a. ACCIDENT WAS UNDERLYING 21b.	. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2	Itom 19 \	
	UR A.M. Manth Day Year	21C. HOW HOOK! OCCORRED (EINE)	natore at injury in ruit 1 at ruit 2,	nem ro.,	
OF CONTRIBUTING CAUSE OF DEATH HOL	P.M. 19	A OUT LOCATION CLASS DED NO	C) T	Count	Chala
21d. INJURY OCCURRED 21e. PLACE OF While Not while	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City ar Tawn	County	State
at wark at wark	6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	G == 2 10 6	1 11 5 10	1-11 11 11	
22a. I certify that (I) (this haspit	al) attended the deceased to	and that in (my) (aur) apir	10 10 - 5, 19) (we) las
causes stated abave, (I) (we	(did) (did not) view the bad	after death.	nan deam accurred an the ac	are and naur an	a tram in
22b. SIGNATURE	(did) (did) (did) (did)	MD	22c.	DATE SIGNED	
(Lu . Carotos	II. I de sum	DEGREE PHYS. ME	D CTACC C		968
22d. PHYSICIAN'S	7 / /	22e. ADDRESS	teron – III.	1 3	
NAME (Type) W. Peabo	dy 2r.	1234	19 KW WY	sh D	-
23a. BURIAL CREMATION. 23b. DATE	12.0	TERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
BEMOVAL (Specify) 10-8-19		et Cometery	Washington	1	
OF CHILD SIDECTODO		Spr. Md. 250. REC'D BY			
Warran & Dumphray	One Silzil Georgi	Augusta DATE OCT	10 1968 PClia	rela, and	all.

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MARYLAND STATE DEPARTMENT OF HEALTH

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funeral er death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extented Page 4 may be retained by the haspital ar attending physician.

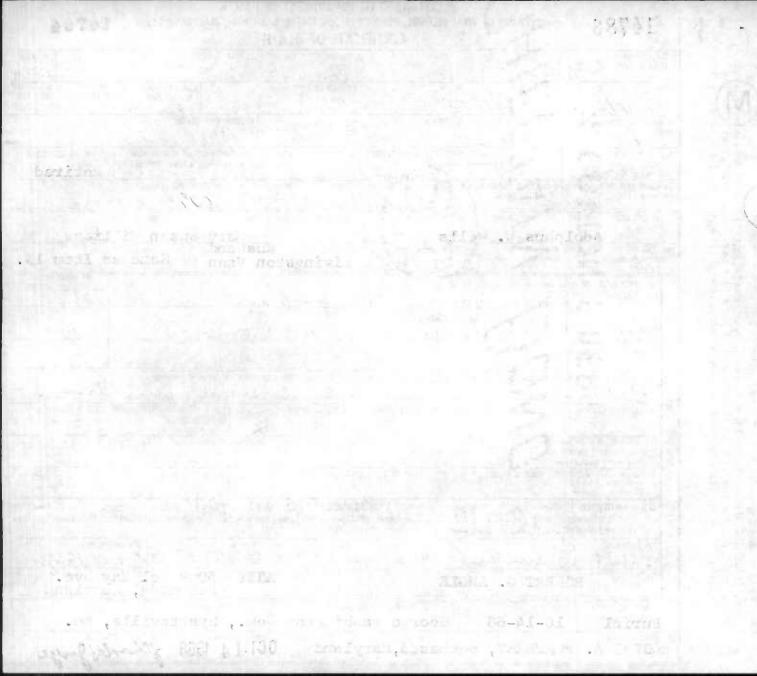
within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14794

1	DECEASED-NAME First Middle Lost 20. DATE OF, DEATH 2b. HOUL
1	(Type or print) NANNIE W VANN Oct Month 1 Doy Great 1:35
3	S. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years if under Year if under 24 H
1	TO BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED TO VIEVER MARRIED 9. COUNTY OF DEATH
	country) / P
H	O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
	Betheson give street oddressy) Grosvenor Lanchursing School 1 Each = Retired
	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN , 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
0	Idmission) STATE MARYLAND 13b. COUNTY MONTGOMEN BETHESDA YES NO 5009 Rugby HUENUR
P	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
-	Adolphus W. Wells Mary Susan Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Husband Address
T	Yes, no or unknown) (If yes give war or doles of service) 218-38-89111. Livingston Vann Same as Item 13
=	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gartie Lewonhase 4 horn
1	151, 9 DUE TO, OR AS A CONSEQUENCE OF
1	Conditions, if any, which gove) (A & Co
1	rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
١	last. 15" (c)
I	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
1	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INIURY 12b. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 2 Item 18.)
1	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 2 Idd INITIARY OCCURRED 12 is PLACE OF INITIARY AT HOME FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. Na. (its or Town County State
	While Not while at wark A transfer of wark
1	22a. I certify that (I) (this hospital) attended the deceased from 110 CH 10, 1961, ta OCT, 11, 1968, that (I) (we) saw the deceased alive on CCT, 1968, and thot in (my) (our) opinion death occurred an the date and haur and from the date and the date and haur and from the date and the date and haur and from the date and haur and from the date and the date and haur and from the date and the
1	couses stated above, (I) (we) (did) (did not) view the body ofter death.
	226. SIGNATURE 22c. DATE SIGNED
ı	obert J. Ung Le " W, DEGREE PHYS. DIRECTOR LI PHYS. LI Oct. 11, 1968
	22d. PHYSICIAN'S NAME (Type) ROBERT G. ANGLE 22e. ADDRESS XXX 5009 Del Ray Ave. Bethesda, Maryland
2	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Burial 10-14-68 George Washington Cem., Hyattsville, Md.
1	24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE OCT 14 1968 Clearles Judge
L	ROBERT A. PUMPHREI, Bethesda, Maryland DATE Util 14 1968 Charles Judge



GAN						ERTIFICATE O	F DEATH				3 0
AME			CEASED-NAME First		Middle	Lost		20. DATE OF DEATH	STEEL ST		2b. HOUR
9 2 5 9		Ė		Na		VARN	IER	OCH,	Doy	1968	1:05AN
fe Le		3. SE	× ,	4. RACE	1	S. DATE O		6. AGE (In y lost birthde	reors IF UN		UNDER 24 HRS.
Pogg #			<i>[</i> 1	u	1.	Fe	l.15, 18	84 84	YRS.	ns OATS II	OOK3 MIN
E C 2.E		7o. B coun	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED _ NEVER A	MARKILU	COUNTY OF DEATH		10),
n 24 I		10.0	Willa.		CSA.	WIDOWED DI		Montgo	mony	, 100	6. Md
within pan pan pan pan pan pan pan pan pan pa	0	10. (ITY OR TOWN OF DEATH		treet oddress)	ITUTION (If not in hospite	during mos	OCCUPATION (Kind of world of working life, even if r	k done 12 etired.) IN	2b. KIND OF BU!	SINESS OR
ed within		130	USUAL RESIDENCE Where deced	and lived of instituti	Kensingto	13c. CITY OR TOWN	13d. INSIDE CITY LIMIT	of working life, even if r		No	me
cecuted within 24 campletely filled tave carban papery event, within 7	3	odmi	ssion) STATE /2.	3b. COUNTY	rlington	Anlington				1 kg	
ind campremaye	2	14. F	ATHER'S NAME First	Middle	Lost		S MAIDEN NAME Firs	70	Aiddle		Lost
be ex and e rem in an	0		Phillia	D -	Cox	To the time to	MAINE THE	Ellen .		Moore	
ate brician (lease and il		160.	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY N			A	ddress		
rtific physi on pl		1	es, no, or unknown) (If yes give v	war or dates of service)	C518-18-91	21A S	en. Philis	Hillerner,	Cheny	Chase	Ind
the death certificate be executed to attending physician and cample t permit. Then please remave castian, ar remaval, and in any even			18. CAUSE OF DEATH (Enter on	ly one couse per lin	ne for (a), (b), and (c).)			010	1	APPROXIMATE BETWEEN ONSET	INTERVAL I AND OEATH
attendi permit. an, ar r	14		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	Oneumor	nia o res	pirelong	failure	-	BUKO	
att per ian,			491 X	DUE TO, OR A	S A CONSEQUENCE OF	0-1		1	64		
that the by the ransit cremate			Conditions, if ony, which gove rise to immediate couse (a),	(b)	Bronch	ectasis; è	Empluper	ma ; preun	ronely	104.	re.
s th cian d by l-tra , cre	8	Н	stoting the underlying couse lost.	DUE 10, OR A	S A CONSEQUENCE OF Bronch	4' 00	, ,	(Br	oncho-	Koche	
hysi gne gne urial	4		PART 2. OTHER SIGNIFICANT COI	(c)		DELATED TO THE TERM	INAL DISEASE OP COL	UDITION CIVEN IN PART 1/o	1		-
ing posen si sen si pen si sen si pen si che but ta bu	8	NC	526 X	Histop	lasmosis	-pulmon		Fibrillation	'	Re	
e lay tend is be as t as t priat	0	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	ORMED 200. AI	UTOPS !!	20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONSID	ERED IN CERTI	IFYING
r th r at e ho use use	X	ERTIF	210. ACCIDENT WAS UNDERLYIN	C Louis areas		YES					
IAN al a ficat far far Hec			OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M.	Month Doy Year	21c. HOW INJURY	OCCURRED (Enter n	oture of injury in Port 1 or	Port 2, Item I	18.)	
rspit aspit rertii hed t. af		MEDICAL	(If either, notify medical exami		AT HOME FARM STREET FACTO	DRY.) 21f. LOCATION S	Annah an D.F.D. Na	Ch T			
the hat this detack			While Not while of work		AT HOME, FARM, STREET, FACTI OFFICE BUILDING, ETC.			City or Town		unty	State
by the start Stat			22a. I certify that (I) (the saw the deceased a	is haspital) atte	nded the decease	from	, 1950	2, to Oct, 30	_, 1968	_, that (I) (we) last
R: /			causes stated above	e, (I) (we) (did) (did not) view the b	ody after death.	(my) (our) apini	an death accurred on	the date or	nd haur and	d from the
Showith with			22b. SIGNATURE	11.1	and Large		UDING 4 MED	CTAFF	22c. DATE S		
DIR DIR			Omlip	H. Va	mer, The	~		ECTOR STAFF PHYS.	10-	30-60	8
RAI RAI Pa Pe be fi	1		22d. PHYSICIAN'S NAME (Type)	'A H 1	larner M		ADDRESS 6	Aug al	u Cha	~)	J
Page 4 may O FUNERAL director, page shauld be f	1	230	BURIAL CREMATION 23b.	DATE		MEJERY OR CREMATORY	102 CANN	23d. LOCATION (City or To	-	- 1	
Page O FUN direct	R	.00.	DEMOVAL (Specific)	-30-68	Cedar			C + A A	viij (Co	ounty) ((Stote)
	1	24. [UNERAL DIRECTOR JOSE	_/ ~ ~ ~	ers S ADDRESS	.,,,,,	2So. REC'D BY I		SISTRAR'S SIGNA		<u> </u>
VR A15 (4 45M - 1/6	9	L	1130 1150	Aug	() 1.1 811	1. 70	DATE NOV	7 1968 4	Charle	as and	20.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certified Page 4 may be retained by the hospital or attending physician.

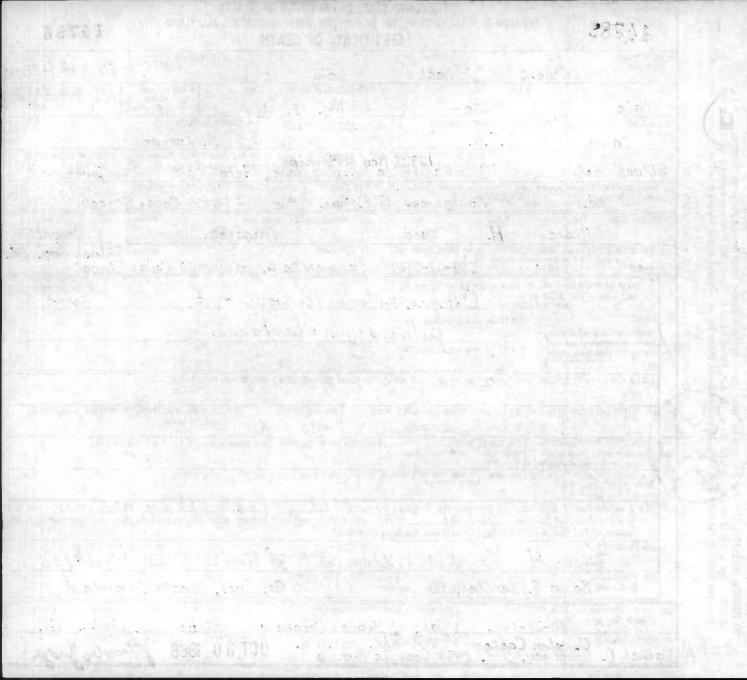
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				CE	KIIFICA	AIE OF	DEALL						
		First	٨	Middle		Last		2a. DATE OF		3.1.	19	2b. F	IOUR
(1Y	rpe or print) A	lbert	N	eal		Ward			Month / O Day	1241	eor (C	46	31
. SEX	(4. RACI			S	DATE OF B	IRTH		6. AGE (In years	IF UNDER		IF UNDER	24 HRS.
	Male		White		1	Aug.	15. 188	8	last birthday) 80 YRS.	MONTHS	DAYS	HOURS	MIN
	RTHPLACE (Stote or foreign		N OF WHAT COUNT	RY? 8.	MARRIED &	NEVER MAI	RRIED	9. COUNTY OF	DEATH				
aunt	Maine	l	I.S.A.	· ·	VIDOWED [DIVO	RCED 🔲		ntaomery				N
	ty or town of death ilver Spring		11. NAME OF HO	SPITALOR INSTITUTE	a Nur	Ampshito sing	during m	L OCCUPATION of af warking	(Kind of work done life, even if retired.)	INDU:	STRY	susiness men	
30. L idmis:	JSUAL RESIDENCE (Where dision) STATE Md.	eceased lived, it	f institution: Reside	onery	c. CITY OR T		13d. INSIDE CITY LI YES NO		REET AND NUMBER 06 Cedar S	tree	t		
4. FA	ATHER'S NAME First	1	Middle	Last	15.	MOTHER'S M	AIDEN NAME F		Middle	7.5		Last	
Ġ.	And		H.	Ward			Mar	garet			Cor	ight	in
16a. \	WAS DECEASED EVER IN U.S.	. ARMED FORCES	service)	AL SECURITY NO.	17. IN	FORMANT			Address	Silv		pr.	Mo
	s, no, or unknown) (If ye	au i	579-	07-2521	Ma	raner	ite G.	Ward 84	106 Cedar	Stre	- W	T	
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:											NATE INTERV	
	IMMEDIATE CAUSE (a) CHOOSE A CONSECUENCE OF										58		
	Conditions, if ony, which gove) Due TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Due TO, OR AS A CONSEQUENCE OF												
	rise to immediate couse (a),											,	
	stoting the underlying cause DUE 10, OR AS A CONSEQUENCE OF										1	1	
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
_	177 X												
CERTIFICATION	19a. DATE OF OPERATION	TION WAS PERFO	RMED	20a. AUTOPSY? 20b. IF YES, 'CAUSES OF D				WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?					
A	21a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 19												
		21e. PLACE OF		ARM, STREET, FACTORY	(-) 21f. LOC	ATION Stre	et or R.F.D. No.	City	or Town	County	1	St	tate
	22a. I certify that (1) (this haspital) attended the deceased from CCT 1968, ta (10724, 1968; that (1) (we) 1										e) la		
	saw the deceased alive an OCT 21 1968, and that in (my) (aur) apinian death accurred an the date and have and from t										m th		
	cqu ses stated abave, (1) (we) (did) (did nat) view the bady after death.												
	226. SIGNATURE DELINA 4. Bruda MD DEGREE ATTENDING MED. STAFF 10/25/68												
,	22d. PHYSICIAN'S NAME (Type) Bens	na G. B	endler, i	MD		22e. ADI	oress 20 Ga.			aryl	and		
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		Gate of	1.	-	neteru	1 -	ON (City or Town)	(Count	y) @.	(State)	
_	UNERAL DIRECTOR	Glon Ca	1 10 10	ADDRESS			2So. REC'D B		2Sb. REGISTRAR'S	SIGNATU	RE		
Wa	rner E. Pumi	hrey,	Inc. 8431	4 Georg	ia Av	enue	DATE UT	1130	1968 gel	arle	O Ja	de	R.

TO FUNERAL DIRECTOR: After this certificote has been signed by the öttending physichan ond completely filled in by director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in any event, within 74 bours VR A15 (4) 30M REV. 1768



17 14789

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14797

1	DECEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR
1.	(Type or print)	/	/		ay Year 20. HOUR
	Edu		WARE	10 10	1968 / A
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
L	MALE	White	8/15//	5/ YRS	
70	untrul	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	D I
	yeorgia	U.S.A.	WIDOWED DIVORCED	MONTGOMER	y County M
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If nat in haspital 12a. USU)	IL OCCUPATION (Kind af wark dane	12b. KIND OF BUSINESS OR
	IIVER JORING	give street address)		ast of working life, even if retired.)	
13	. USUAL RESIDENCE (Where deceased	ived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY L	MITS? 13e. STREET AND NUMBER	
00	missian) STATE Md.	13b. COUNTY Montgom.	Sil. Spr. YES NO	10929 Buckn	ell Drive
14	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Last
	John	Ware	2	ulia	Parrard
16	a. WAS DECEASED EVER IN U.S. ARMED		IO. 17. INFORMANT	Address	Sil. Spr. Md.
	Yes, he or unknown) (If yes give war pr	579-16-69	05 Mary Louise Wa	re 10929 Ruckne	11. Prine
	18. CAUSE OF DEATH (Enter only o	ne cause per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY		TATIC CAR	CIMOMA	.DAUS
	1621 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF			11/2
1	Canditians, if any, which gave	ARCI.	NOMA DE	LUWG	MAS.
	rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	0 //// 01	C C PC C	1.10
	stating the underlying couse	(d)			
	PART 2. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(a)	
	11/2 V 1	1242 (41)	FCUSTITIS ?	-ABDHINAL	CARCIEMUN
CEDTIFICATION	19a. DATE OF OPERATION 19b. COM	DITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
FICA			YES NO F	CAUSES OF DEATH?	
1030	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		nature of injury in Part 1 or Part 2	Item 183
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year			, , , , , , , , , , , , , , , , , , , ,
MED	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLA	CE OF INILIRY / AT HOME, FARM, STREET, FAC		City or Town	County State
Р	While Nat while at wark	OFFICE BUILDING, ETC.	, , , , , , , , , , , , , , , , , , , ,	city of form	coomy
	22a certify that (1) (this h	asnital) attended the decease	d from 007 - 196	5 to 0/1.161	9 65 that (1) (wa) la
ŀ	saw the deceased alive	an SCI- 6	d from 7, 1969 9 and that in (my) (aur) opi	nian death accurred on the d	late and hour and fram th
1	causes stated abave, (I	(we) (did) (did nat) view the l	pady after death.		
	22b. SIGNATURE	11/1/21	ATTENDING ATTENDING ATTENDING	ED. STAFF 22c	. DATE SIGNED
	plan	1 Hereno	DEGREE PHYS.	RECTOR PHYS.	10/16/68
	22d. PHYSICIAN'S NAME(Type)	- 4-6KOL	LHAN 22e. ADDRESS 1106	3/RING 50	- SIRVER
23	a. BURIAL, CREMATION, 23b. DAT	23c. NAME OF (CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
		18-1968 Parkle	wn Cemetery	Rockville	Montgom Md
14	SUBSTANT DIRECTOR S	len Carter ADDRESS	C: 1 C M 2Sa. REC'D B	Y REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE
1	Harner & nounhand	cen carrer	ove. opr. Ma.	CT 2 1 1968 OCC	iones Judge

Teller And the state of t AND THE PARTY OF THE PARTY OF METROMENIE ERKENEERS EARLY WELL OF LANGE SEE ACCIE CHOLESYSTEMS LABOURAY CERC

PUMPHREY, Bethesda, Maryland DATE OCT 18

2Sa. REC'D BY REGISTRAR

1968

requires that the death certificate be executed within 24 haurs after death

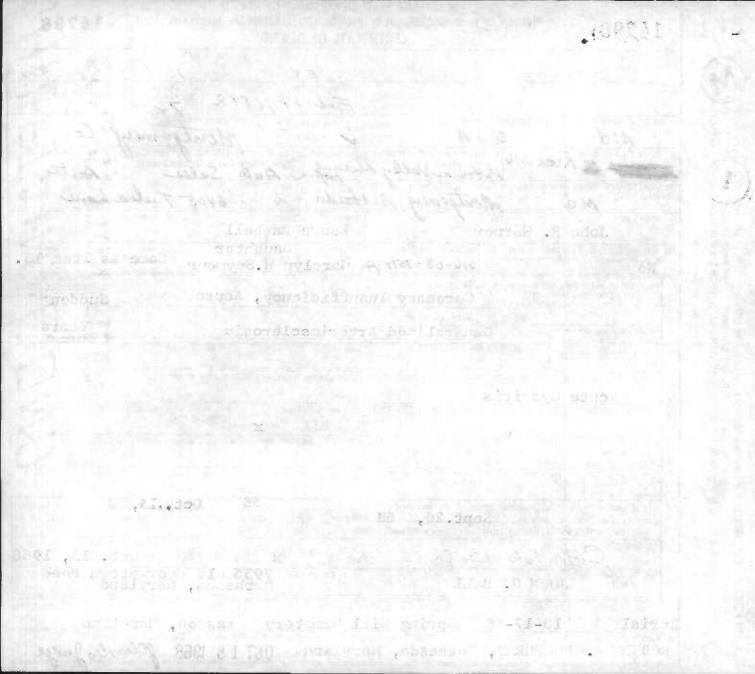
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signed b

be retained by the haspital ar attending

O FUNERAL DIRECTOR: After this certificate has been

24. FUNERAL DIRECTOR



DIVISION OF VITAL DECORDS

14791	DIVISION OF	C		CATE OF		nort, mar	TLAND 21201	14	739
1. DECEASED-NAME (Type ar print)	irst	Middle	10	last lee k's		2a. DATE OF	DEATH Month /2	Doy 19465	2b. HOUR
3. SEX Female	4. RACE Cauco			S. DATE OF B	RTH 9/93		6. AGE (In years lost birthdoy)	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (State or foreign country) Maryland 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WI		WIDOWED		RCED 120. USUAL	OCCUPATION	90 mery Kind of work don		Mo F BUSINESS OR
13a. USUAL RESIDENCE (Where de odmission) STATE	rensed lived if institut	onid Villa	13c CITY OF	TOWN Chase	13d. INSIDE CITY LIMI YES NO	13e. STR	ife, even if retired EET AND NUMBER US- Chew		home Drive lake
14. FATHER'S NAME First Yohn WIlliam 160. WAS DECEASED EVER IN U.S.	Middle	Last Gibson 16b. SOCIAL SECURITY N	"	S. MOTHER'S M	AIDEN NAME Firs	Annie	Middle	iza pi	Lost
Yes, no, or unknown) (If yes,	give war or dates of service)	215-46-122		4 10	bert El	lin 135	12 West		t. Md. Ue (IMATE INTERVAL
Conditions, it any, which go rise to immediate couse (stating the underlying coulost.	USED BY: DUE TO, OR A O), O)	ACCUSEQUENCE OF		8	Hom	ach		RETWEEN	ONSET AND DEATH
PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21o. ACCIDENT WAS UNDER		ICH OPERATION WAS PER		20a. AUTO	PSY? /	20b. IF	YES, WERE FINDING OF DEATH?	S CONSIDERED IN C	ERTIFYING
☐ OR CONTRIBUTING ☐ CAUSE OF	DEATH HOUR A.M. P.M.	Month Doy Yeor				nature of injury	in Part 1 or Port	2, Item 18.)	•
21d. INJURY OCCURRED While Nat while of work of work	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. L	OCATION Stre	et or R.F.D. No.	City	or Tawn	County	Stote
22a. I certify that (I) saw the deceased couses stated ab	d alive an	ended the decease (did nat) view the b	on on	d thot in (m	y) (<u>***</u>) opin	ion death o	ccurred on the	date ond hour	t (I) (we) l as ond from th
22b, SIGNATURE 22d. PHYSICIAN'S	mDt	sof m	2 DEGI	REE PHYS.	DIR	D. RECTOR	STAFF PHYS. 22	C. DATE SIGNED	60
NAME (Type)	illiam D. F				9006 C		le Road	Sil. Sr	r. Md.
BEMOVAL (Specify)	3b. DATE 0-16, 1968		iton N	ationa	Cem.	A	(City or Town)		(Stote)
(Jest 1 Concord)	, , , , , , , , , , , , , , , , , , , ,	8434 George	Dil.	Spr. Movenue	DATE OCT	2 1 19	68 gcl	R'S SIGNATURE	ye

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comdirector, page 3 shauld be detached far use as the burial-transit permit. Then please removes shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any expanded be tiled with the State Dept. VR A15 (4) 30M REV. 1/68

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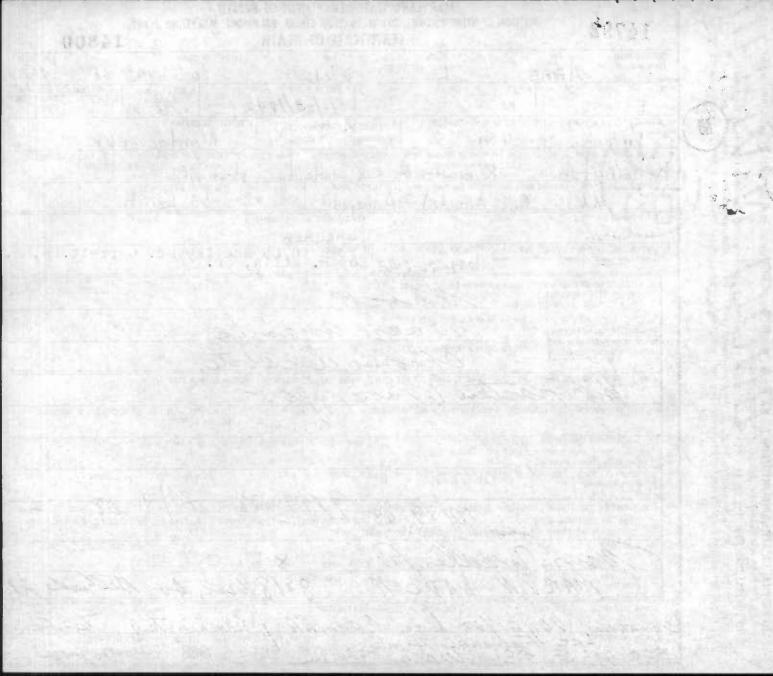
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

Basel

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14800 1. DECEASED-NAME First Middle death. 2a. DATE OF DEATH 2b. HOUR 24 haurs after death funeral 1 and (Type ar print) Month nne 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS W and campletely filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA wainia WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12g. USUAL OCCUPATION (Kind of work done give street address) during mast of warking life, even if retired.) INDUSTRY Kensington Gardens Janitarium 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE COUNTY remave NO T 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Last = the death certificate be unknown unknown please and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 0705 Shell Wells, Sr. CtAddres Garrett Yes, na, ar unknawn) (If yes give war or dates of service) ar remaval, attending phys KOV APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and le BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, signed by the burial-transit p Canditians, if any, which gave requires that rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a CAUSES OF DEATH? far use O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State Dept. City or Town County State While Nat while at wark ATTENDING 22a. I certify that (1) (this haspitol) attended the deceased from be retained by 19 68, and that in (my) (our) opinion death occurred on the date ond hour and from the saw the deceosed alive on_ shauld couses stoted above, (1) (we) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page shauld be filed DIRECTOR Page 4 may b PHYSICIAN'S 22e. ADDRES NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify)

VR A15 (4)

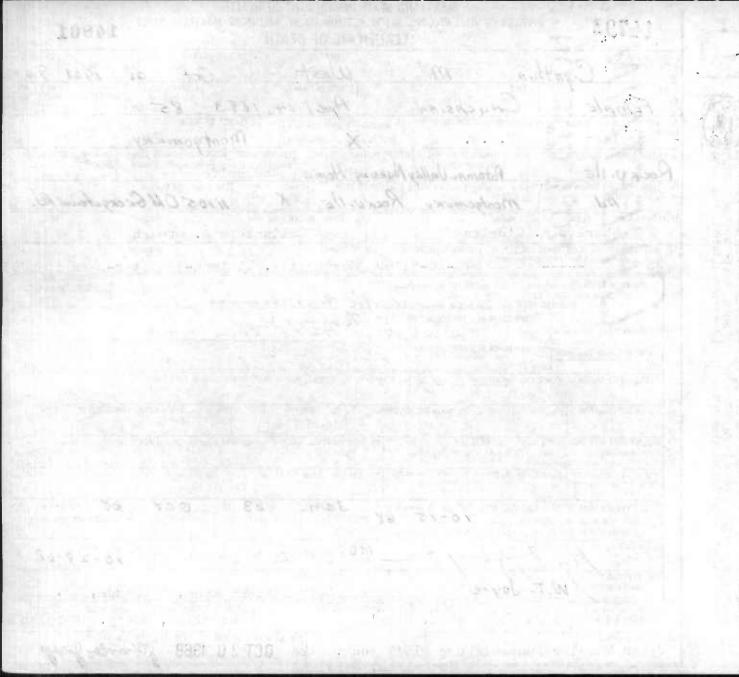


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14801

				CERTIFICATE OF DEATH		
deoth.		ECEASED-NAME First	t Middle	Last	20. DATE OF DEATH	2b. HOUR
R	,	Type or print)	thin M.	WEST	Oct. 2	8 1968 9A
	3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HR:
		FEMALE	CAY CASIAN	April 14,	1883 85 YR	
	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	100	Maryland	U.S.A.	WIDOWED DIVORCED	MontgomERY	/
)	6	ROCK VILLE	pive street address	y Nursing Home during	UAL OCCUPATION (Kind af wark don most of working life, even if retired. USEWITE	e 12b. KIND OF BUSINESS OR
)	13o. adm	USUAL RESIDENCE (Where deceo ission) STATE	osed lived, if institution: Residence before 13b. COUNTY Managements		IMITS? 13e. STREET AND NUMBER NO 1105046	Eargetoun Rd.
/	14.	FATHER'S NAME First	M. O'Brien		First Middle abeth A. Stearn	Last
	160	. WAS DECEASED EVER IN U.S. AR			Address	1
	100	(es, no, or unknown) (If yes give	turns as dates of conduct	5116D Margaret W.	.,	er-same item#
	-	18 CAUSE OF DEATH (Enter or	only ane cause per line for (a), (b), and		-autimetal adalgii	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DADY 1 DEATH WAS CAUSE	rn nv	relevates Henr De	sene.	BETWEEN UNSET AND DEATH
		2509 IMMEDI	DUE TO, OR AS A CONSEQUENCE			
		Conditions, if any, which gave	10	1. to helle	tues and	
		rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF O C		
		last.	(c)	ald age	•	
		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(a)	
	N N	260X				
	CERTIFICATION		o. CONDITION FOR WHICH OPERATION WAS	YES NO [CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
		21a. ACCIDENT WAS UNDERLY!		21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Part	2, Item 18.)
	MEDICAL	(If either, notify medical exam	niner) P.M.	19		
	×	21d. INJURY OCCURRED 21e While Nat while	e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. N	io. City or Town	County State
		at wark at work	L: L = '6-1V = 6	15 10	13 10 004	10 6 8 Ab-4 (IV () V
		saw the deceased of	olive an	osed from Jan, 19 19 6 8 , and that in (my) (our) o	pinion death occurred on the	date and hour and from t
١		causes stated abav	re, (I) (we) (did) (did not) view th	ne bady ofter death.	The state of the s	
١		22b. SIGNATURE	2000	MO · ATTENDING	MED. STAFF 22	2c. DATE SIGNED
1		10.	1.7	DEGREE PHYS.	DIRECTOR PHYS.	10-29-68
		22d. PHYSICIAN'S NAME (Type)	, The Source	22e. ADDRESS		
	00	100			tery Lane, Beth	
	230	BURIAL, CREMATION, 23b. BREMOVAL (Specify) 1	DATE 23c. NAME (St.	Mary's	Rockville, Mo	(County) (State)
	24.	FUNERAL DIRECTOR	ADDRE	ess 250 REC'D	BY REGISTRAR 25h REGISTRA	R'S SIGNATURE
		Tyson Wheeler	Funeral Home 1	331 Rock. Pikale 0	CT 3 0 1968 &C	harles Judge

Rockville, Maryland



2, ond 3 to

PM3. Poge

ong with form

in Item 18. Give Pages 1

in pencil

This certificate should be executed within 24 hours after deoth

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

necessary, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

for your

may be retoined

Health prior to buriol, cremation, or removal, and in any event within 72

and 2 with the Stote Depo

MARYLAND STATE DEPARTMENT OF HEALTH

	3	1479 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14802
i		ECEASED-NAME First Middle Last 20. DATE KNOWN Month of ESTI-	2b. HOUR.
	3. SE		Yeor 1968 8 5 M
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	6
0		Laytons Ville give street address Laytons Ville Ra during most of warking life even if chired housewife-compa	26. KIND OF BUSINESS OR NDUSTRY
5		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY LAYTONS VILLE YES NO 6010 LAYTONS V	ille Rd.
	14. F	ATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Nathanial Paul Bowels Hattie L-	5 Penser
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS es, no, or unknown) (If yes give war or dates of service) 225-52-5339 Son. William. L. West - 1814 Elder. R.	Adelphi Mol.
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis, acute, probably viral etiology	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave (b)	sudden er heurs.
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	n 18.)
	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE NOT WHILE AT WORK NOT WHILE	County State
		22a. I certify that I took charge of the remoins described obove, held an Autapsy 🔼 Inspection 🗵, Inquiry 🔼 death resulted fram: Natural causes 🔁 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍	and in my opinian
		ACTUAL SIGNATURE Och 13.12 CHIEF MEDICAL EXAMINER 226. DATE SI	GNED
2		EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER TO COLORS ADDRESS(Street, city, town, or county) Bethes	da, Md.

230 BURIAL, CREMATION, REMOVAL (Specify) Burial

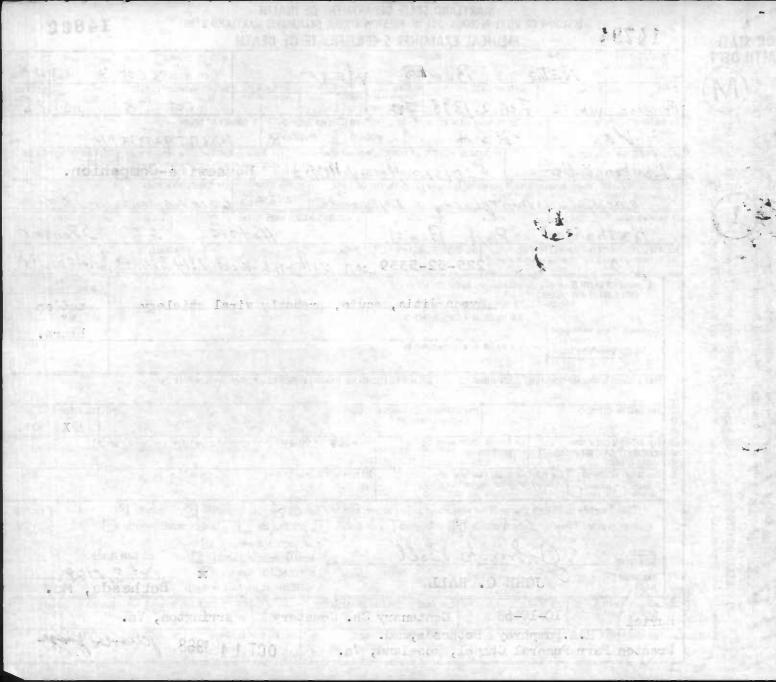
23b. DATE 10-10-68

23c. NAME OF CEMETERY OR CREMATORY Centemary Ch. Cemetery 23d. LOCATION (City or Town) Arrington, Va.

24 FUNERAL DIRECTOR R.A. Pumphrey Bethesdappresid. & Preston Parr Funeral Chapel, Roseland, Va.

2Sa. REC'D BY REGISTRAR DATE OCT 14

(County)



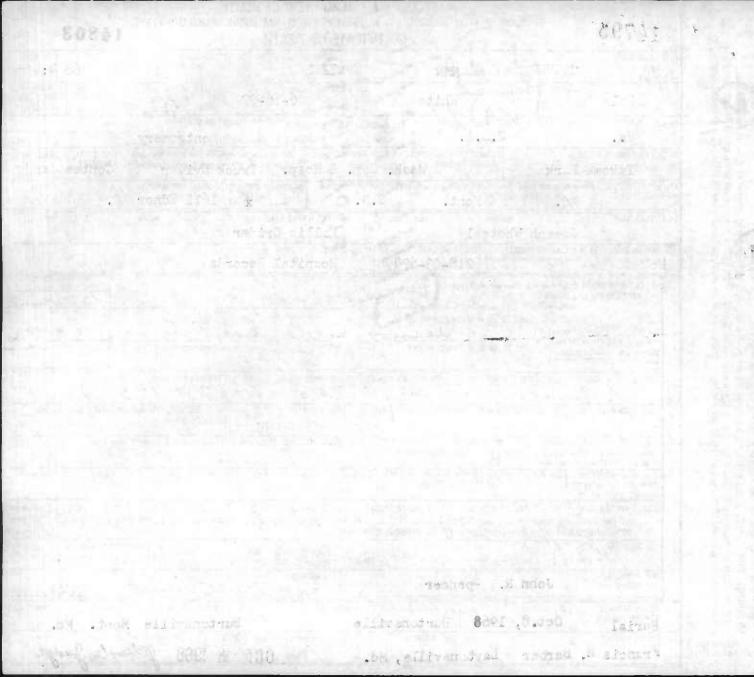
fuleral Vand 2 death. 14795

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14803

Ī	1. DECEASED-NAME First (Type or print) CASE		WHETZEL	2g. DATE O	Month 10 Doy	5 Yeor 68	2b. HOUR 4:41pm
3	3. SEX Male	4. RACE White	S. DATE OF BIRT	6-16-07	6. AGE (In yeors last birthday) YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
7	7a. BIRTHPLACE (State or foreign country) V2.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRI WIDOWED DIVORCI	ED M	ontgomery		M
1	10. CITY OR TOWN OF DEATH Takoma Parl	give street address) Wa	NSTITUTION (If not in hospital sh. San. & Hos		(Kind of work done life even if retired.)	12b. KIND OF I	BUSINESS OR Sand
1	13o. USUAL RESIDENCE (Where decea admission) STATE Md.	sed lived, if institution: Residence befare 13b. COUNTY Mont.	S.S.	YES NO NO 1	treet and Number 511 Ednor R	ld.	
		Middle Last eph Whetzel	Milli	DEN NAME First .e Crider	Middle		Lost
	16a. WAS DECEASED EVER IN U.S. AR (16 yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY 218–03–6		tal Records	Address		
		DUE TO, OR AS A CONSEQUENCE O	iosclerot		D desco	Lexi	1. 00000
	4201 (08)	NDITIONS CONTRIBUTING TO DEATH BUT		DISEASE OR CONDITION GIV	EN IN PART 1(0)	7.)	
2	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	PERFORMED 20a. AUTOPS YES	Y? 20b. 1	F YES, WERE FINDINGS CO S OF DEATH?		RTIFYING
	OR CONTRIBUTING CAUSE OF OEA	HOUR A.M. Month Day Yeo P.M.	r 19	RRED (Enter nature of inju	ury in Part 1 or Part 2, I	Item 18.)	
	While Not while	. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	and the second		y or Town	County	State
		nis hospital) attended the decea alive an (1) (we) (did) (did not view the	sed from 79. 19. and that in my e bady after death.	(our) opinion death			(I) (we) la and from th
	22b. SIGNATURE	V		MED. DIRECTOR	STAFF PHYS. 22c. I	DATE SIGNED	68
1		John R. Spencer		URTON.	/	<u> </u>	D,
	REMOVAL (Specify) Burial	ct.8, 1969 Burto	ns ville	Burt	ON (City or Town) Onsville M		(Stote)
0	24. FUNERAL DIRECTOR	ADDRES		Sa. REC'D 8Y REGISTRAR	25b. REGISTRAR'S		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF YITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	4	8	0	4	

			EKTIFICA	HE OF D	EATH						
1. DECEASED-NAME	First	Middle		Last		2a. DATE OF		-3.7	Head of	2b.	HOUR F
(Type or print) LO	rraine	Antoniette	W	hitbeck		Oc	tober .	Bay	1968		:00 m
3. SEX	4. RACI			. DATE OF BIRTH			6. AGE (In year		IF UNDER 1 YEAR	IF UNDER	R 24 HRS.
Female		White		18 July	1915		last bighday	YRS.	IONIDS DATS	HOUKS	Min
7a. BIRTHPLACE (State ar	fareign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	D 9.	COUNTY OF	DEATH	7			
Minnesot		ISA	WIDOWED			Montgo				116	Md.
10. CITY OR TOWN OF DEA Bethesda	TH .	give street oddress) Cli	nical C				(Kind af wark life even if ret LTE		12b. KIND OF INDUSTRY	BUSINESS	5 OR
13a. USUAL RESIDENCE (Woodmissian Marylan		f institution: Residence before OUNTMontgomery (13c. CITY OR T faither		INSIDE CITY LIMIT ES NO [REET AND NUME 212 Ki n		Court		
14. FATHER'S NAME	First	Middle Last	15.	MOTHER'S MAID	N NAME Firs	t	Mic	ldle		Lost	
Ra	lph Bl.	anck Blanc			Glady				Mart	inek	2
16a. WAS DECEASED EVER	IN U.S. ARMED FORCE			ORMANT Th							
Yes, no or unknawn)	(ii yes give war or ables or	None	The	Clinic	al Cer	nter, I	VIH, Be	thes			_
		se per line far (a), (b), and (c).)			N Villa		400		imate inter Onset and (
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	(o) Cardiac A	rrest			W-1-10	100		10-15	mir	nute
276X		TO, OR AS A CONSEQUENCE OF									
Canditians, if any, v		(b) Amyloid i	nfiltre	tion of	the l	neart		0.54	6	mont	ths
stating the underly		TO, OR AS A CONSEQUENCE OF					vesse	ls			
last.)	(c) Amyloidosi	s invol	ving he	art,	tongue	, blood		6	mont	ths
PART 2. OTHER SIGN	IIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL D	ISEASE OR COI	NDITION GIVEN	N IN PART 1(a)				
3 2891	1					T-a-					
19a. DATE OF OPERAT	ION 19b. CONDITION	I FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY	? NO 🔲		YES, WERE FIND OF DEATH?	Yes	√SIDERED IN C	ERTIFYIN	G
21a. ACCIDENT WAS	CAUSE OF DEATH HO	. TIME OF INJURY UR A.M. Manth Day Year P.M. 19		V INJURY OCCUR	RED (Enter n	ature af injur	y in Part 1 or 1	art 2, Ite	·m 18.)		
While Nat while	RED 21e. PLACE OF	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Tawn		County		State
22a. I certify the saw the decreases sta	nat (x) (this haspiteceased alive and	al) attended the decease october 9 1	968, and	that in (xxx)	, 19 <u>_60</u> (our) apini	on death o	occurred an i	_, 19 he date	oo, that and haur	(X) (w	/e) last am the
22b. SIGNATURE	CC CDC+C, AD (WC	(dia) (danata) view inc.	bady affor ac					22c. DA	ATE SIGNED		
Par	hen 1.	Starles M	DEGREE	ATTENDING PHYS.	DIR MED	ECTOR	STAFF PHYS.	90	ctober	: 196	58
22d. PHYSICIAN'S NAME (Type)	Parker J.	Staples, M.D.		22e. ADDRES	The (Clinica	al Cent lth, Be	er, thes	Nation da, Md	al . 20	0014
23a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY		23d. LOCATIO	N (City ar Tawı	1)	(Caunty)	(State	e)
Removal (Specify)	10-14	-68 Roselav	wn Cem	etery		St. Pa	aul,	6117		Min	n.
24. FUNERAL DIRECTOR		ADDRESS		25	a. RESTABLE	REGISTRAR 15	2Sb. REGI	TRAR'S SI	GNATURE		
Everly-Wh	eatley F	uneral Home	Alex.	, Va. D	ATE	14 13	DOO KO	May	les Jac	ME	7 7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending on sician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove tarben popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospitol or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14805

15191				CERTIF	ICATE OF	DEATH				TAO	U 1)
1. DECEASED-NAME (Type or print)	First Cal	roll	Middle Eugene		Last WHITE		2a. DATE O	Month Month	Day 1	LO Year 68	2b. HOUR 0835 M
3. SEX		4. RACE			S. DATE OF I	BIRTH		6. AGE (In year last birthday)		F UNOER I YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male		Negro			April	1, 194		19	YRS.	ONITS ONIS	HIN.
o. BIRTHPLACE (State of country). Virgini	r fareign 7	76. CITIZEN OF WI		8. MARRI WIDOW	ED NEVER MA	RRIENCED	9. county o				Mo
O. CITY OR TOWN OF D Bethesda	EATH	give	AME OF HOSPITAL OR IN street address) laval Hosp:	ital		12a. USUA during mo	L OCCUPATIO	N (Kind af wark g life, even if ret	dane ired.)	12b. KIND OF E INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE (admission) STATE V1	Where deceased rginia	lived, if institut 13b. COUNTY	ian: Residence befare	13c. CITY Rich		13d. INSIDE CITY LIF YES NO		TREET AND NUMB		št	
14. FATHER'S NAME M e	First Lvin	Middle	White Last		1S. MOTHER'S A	NAIDEN NAME FI		Alice		MeC	lost Oy
Yes, na DECEASED EVI	ER IN U.S. ARME		16b. SOCIAL SECURITY 223 70 390		7. INFORMANT Marine	Corps :	record	Add S	ress		
	H WAS CAUSED IMMEDIAT , which gave e cause (a),	BY: E CAUSE (a) DUE TO, OR AND (b)	ne for (a), (b), and (c). Menigitis AS A CONSEQUENCE OF Bronchopne AS A CONSEQUENCE OF	, Chr		ht			Sum in	GET WEEN ON	ISET AND DEATH
2400	GNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATE	D TO THE TERMIN	AL DISEASE ORC	ONDITION GIV	EN IN PART 1(a)			
19a. DATE OF OPERA	ATION 19b. CO	ONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUT YES			IF YES, WERE FIND ES OF DEATH?	Yes		RTIFYING
☐ OR CONTRIBUTING	CAUSE OF DEATH	r) HOUR A.M.	Month Day gear	,68				ury in Part 1 ar F	Part 2, Iter	m 18.)	
While Not wh	IRRED 21e. P	LACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.					y ar Tawn	740+	Caunty Nam	State
22a. I certify saw the causes st	that >(b): (this deceased ali ated abave,	haspital) atte ve an (t) (did)	ended the decease	ed fram. 19 68, bady aft	and that in (? er death.	25, 19(199 (aur) api	bo, ta <u></u> nian death	accurred an t	_, 19 <u>_6</u> he date	and hour a	(XC) (we) las and fram the
22b. SIGNATURE	Polga	n m.	D .		ATTEND PHYS.	ING M	IED. IRECTOR	STAFF M	Oct	ober 1	
NAME (Type)	Lo CO	LGAN, L	MC USNR		Ne	val Hos	spital	, Bethes	da,	Md.	
230. BURIAL, CREMATIO REMOVAL (Specify)	10-	-17-6	8	CEMETERY	OR CREMATORY		0	10N (City or Town		(County)	(State)
24. FUNERAL DIRECTOR	W. W.	Chamber	s Co. ADDRESS		11.00	2Sa. REC'D B		2Sb. REGIS			12
			Washingto	n. D	. C.	DATE OC	T16	1968 8	May	las Jose	dec

1400 Chapin St., N. W. Washington, D. C.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiologn and completely filled in by the tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV, 1/68

cuted within 24 hou

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the haspital ar attending physician.

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Period to the Control of the Control	1000	
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STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14806

	-		CE	RTIFICA	TE OF D	EATH				7.40	UO	
	ECEASED-NAME First		Middle		Last		20. DATE OF		D.	V	2b.	HOUR
	Type or print)	74	B		Uhi	10		Month .	Day a.9	Year 6 S	5 3	201
3. S	EX	4. RACE		5.	DATE OF BIR	TH ,		6. AGE (In year last birthday		IF UNDER 1 YEAR		ER 24 HRS.
	Female	Cauca	SIAM		11/9	175		92	YRS.	IONINS OAT) HOOKS	min.
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED _	NEVER MARR	ED 9.	COUNTY OF	DEATH	200			
(00	Conn.	United	Tates	WIDOWED A	DIVORC	ED 🗆	mon	Tanne	YY	3941		Mi
10.	CITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL OR INSTIT	TUTION (If not i	in hospitol			(Kink of work		12b. KIND (OF BUSINES	SS OR
10	locky. le	000	mac Yal	lev hu	vaina 14	during mos		home		INDUSIKI		
13o.	USUAL RESIDENCE (Where decease					d. INSIDE CITY LIMI	13e. ST	REET AND NUME	-	1 ,		
dull	nissiop Maryland	Montgo	mery !	sethes	da	YES NO [99	t270	1056	hill	D	r.
14.	FATHER'S NAME First	Middle	last	400	NOTHER'S MAI	DEN NAME Firs			ddle		Last	
	Georg	ie P.	Batco			al.	mir.	a			: 27	979
	I. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (If yes give wo	ED FORCES? 16b.	SOCIAL SECURITY NO.				1.1.		lress		D	13
	no	-		mi	r. De	witt	whi	ce, >	ON,		me inte	as
	18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED		(a), (b), and (c).)	19	51	-/	1			BETWE	AND	OEATH
		TE CAUSE (a)	resident	much	ray	Ya	un	2		100	The M	MU
	4229	DUE TO, OR ASTA C	OWNER OF	,	1	11. 7	4.	1.			-	
	Conditions, if any, which gove)	(b)	crac	vao	cuce	be c	Maa	rupos	w	Je	J. U	oar
	stoting the underlying couse	DUE TO, OR AS A	ONSEQUENCE OF	1800	Can	alea.	& an	terinol.	10000	ne	ur. u	1000
	last.	(c)		The second	Con (27 000	AIDITION OILE		rons		11	LWY
	PART 2. OTHER SIGNIFICANT CONI	OHIONS CONTRIBUTING	IO DEATH BUT NOT	RELIGIED TO TH	HE TERMINAL	DISEASE OR COI	NDITION GIVE	N IN PART 1(a)				
NO	190, DATE OF OPERATION 196, C	CONDITION FOR WHICH OF	DED ATION WAS DEDE	DAKED	20o. AUTOP:	·va	130L II	YES, WERE FIND	Olinos con	ICIDEDED IN	CEDTIEVIA	uC.
CERTIFICATION			PERATION WAS PERFO		YES 🗌	NO 🗂	CAUSES	OF DEATH?			CEKISFTIN	16
	OR CONTRIBUTING CAUSE OF DEATH		RY Inth Day Year	21c. HOW	INJURY OCCU	RRED (Enter n	nature of inju	ry in Port 1 or 1	Part 2, Ite	m 18.)	-1 14	
MEDICAL	(If either, natify medical examin-	er) P.M.	19									
×	21d. INJURY OCCURRED 21e. I While Nat while	PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTOR E BUILDING, ETC.	21f. LOCA	TION Street	ar R.F.D. No.	City	or Town		County		State
	at wark at work											
	22a. I certify that (I) (this saw the deceased ali	s haspital) attende	d the deceased	from	haring	1963	, to	0429	_, 19_6	, the	ı† (I) (₩	ve) las
4	causes stated above,	(i) (we) (did) (did	not) view the bo	dy after dec	ath.	(acr) opin	ion death	uccurred on 1	ine aate	ona nou	r ona tr	om the
	22b. SIGNATURE	1/1/	1.71	.11	11.0	4 1		CTAFF	22c. DA	TE SIGNED	1	-
	/Ke	e NV	well	DIGREE	PHYS.		ECTOR	STAFF PHYS.	1/2	129	7/6	8
	22d. PHYSICIAN'S NAME (Type)	SE. H. 1	MITCH	EZL	22e. ADDR		CHUNC	cfk-1	Poc.	Kince	16/	20
23a	. BURIAL, CREMATION, 23b. D		23c. NAME OF CEL	METERY OR CR	EMATORY		23d. LOCATIO	ON (City or Town	n)	(County)	(Stot	re)
	REWARTA 10-	31-1968	1 1 1 1					ntown,	West	Vir	ginia	3.
24.	FUNERAL DIRECTOR	10	ADDRESS		4 -	Sa. REC'D BY		2Sb. REGIS	STRAR'S SI	GNATURE		
0	OSEPH OHULEN	s Son - Wi	13/11/1670	1	C	DATE NUY	4 1	368 /2	May	CO X	MARCH.	da .

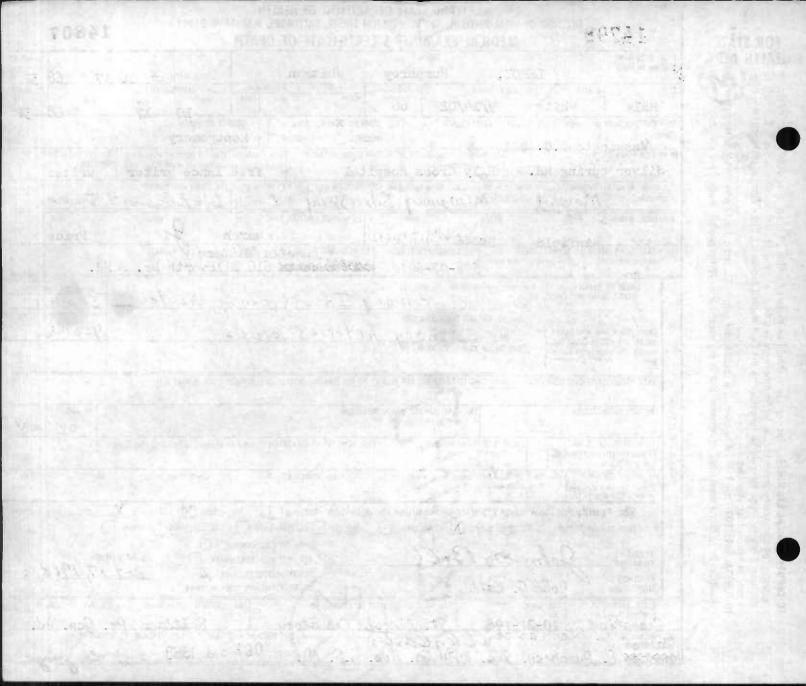
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban to shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Lours after death.

Page 4 may be retained by the haspital ar attending physician.

MS OF age

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/8

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14808

		CEKI	IFICALE OF DEATH				
	.First	Middle	Last	2o. DATE OF			2b. HOUR
(Type or print)	ard	Theobald	Widmann		October Day	1968	6:50 M
3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years lost bighday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male		White	13 October	1901	OST PHONOGY) YRS.	MUNTHS DATS	HOURS MIN.
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF V	/HAT COUNTRY? 8. MAI	RRIED NEVER MARRIED	9. COUNTY OF			
COUNTRY Pennsylvani	a		OWED DIVORCED	Mont	gomery		Md
O. CITY OR TOWN OF DEATH Bethesda	11.	NAME OF HOSPITAL OR INSTITUTION THE CITINICAL C			(Kind of work dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
3a. USUAL RESIDENCE (Where orderission) STATE Washington,	DC Jab. COUNTY		ngton, DC 13d. INSIDE CIT		REET AND NUMBER 5 Albemar	le Stree	t, NW
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		Middle		Lost
John		Widmann	Ma	ry	M.	Gra	ff
16a. WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT The Me			2 2/2	
Yes, na, or unknown) (If ye		577-60-1080	The Clinical				
PART I. DEATH WAS O			eft adrenal, me nal carcinoma t			ungserween of	
101,0		AS A CONSEQUENCE OF					
Conditions, if any, which g	(a) (b)	Splenomegaly				Mor	nths
stoting the underlying co		AS A CONSEQUENCE OF					
last.) (c)		sis, aorta, (M			Yes	ars
1.00			TED TO THE TERMINAL DISEASE O	RCONDITION GIVE	N IN PART 1(o)		
S / NO A Pleu		on, (right)		lea e			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	196. CONDITION FOR W	HICH OPERATION WAS PERFORME	D 20a. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS (5 OF DEATH? Yes	ONSIDERED IN CE	RTIFYING
210. ACCIDENT WAS UNDER	OF OEATH HOUR A.M	Manth Doy Year	21c. HOW INJURY OCCURRED (Er	nter noture of inju	ry in Part 1 ar Part 2,	Item 18.)	
₹ 21 d. INJURY OCCURRED While Nat while at work		(AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D.	Na. City	ar Tawn	County	Stote
22a. I certify that (1 saw the deceas	ed alive an Oct	tended the deceased from the best 3 1968 (dictant) view the body of	m <u>Sep 26</u> , 19 L, ond that in (2534) (our) a after death.	pinion death	ctober 3, 19 occurred an the do	68 , that ote and hour	(N) (we) last and from the
22b. SIGNATURE	011	1	ATTENDING	MED.	STAFE -	DATE SIGNED	
Davold	. Aox fee	M.D.	DEGREE PHYS.	DIRECTOR \square	PHYS. 13	October	
22d. PHYSICIAN'S NAME (Type) Har	old C. Sox	, Jr. MD.	22e. ADDRESS Th Institute	e Clinic s of Hea	al Center, 1th, Bethe	Nation esda, Md	al 20014
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct. 7, 19	23c. NAME OF CEMETER	Heaven Cen	Wh	ON (City or Town)	Many	(State)
24. FUNERAL DIRECTOR H. D. OW.	DEVal.	222 Wis	ane nw DATE	OCT 9	1968 REGISTRAR'S	SIGNATURE S	udge

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5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	MEDICAL	CAMMINEK 3	CEIVIII	ICHIL V	IL NE	4111					
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4. RACE White		8 - 95 6. AGE (In	years IF UNE lay] MONTHS YRS.	DER 1 YEAR DAYS	HOURS	MIN.	Month 10	Doy 1	Yeor	4 -	2d. HOUR 4:38
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oma Park	give street or	ddress) Wash.	San.	& Hosp	during	nost of v	working life, even i	f retired.)	12b. KIND (INDUSTRY		
	d lived, if institution: R								side I	r.	
First Hanibal		Lost		Emma		First	N	liddle	Ne	lost	n
		OCIAL SECURITY NO.		175-Fra I							
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1 5	Diabete	5. Me/	tus	ERMINAL DISE	ASE OR CO	NDITION	GIVEN IN PART 1(o)			NO 🔀
OR CONTRIBUTING ATH OCCURRED 21e. PI	HOUR A.M. P.M. LACE OF INJURY (At home	19			4.2	er noture	of injury in Port 1 City or Town	or Port 2, l			Stote
resulted fram:	Am B. 1 n G. Ball,	Accident [Bull MD	, Suicid	e , H CHIEF M.D. ASSISTA DEPUTY ADDRE	Hamicide MEDICAL EX ANT MEDIC Y MEDICAL	XAMINER AL EXAMINE EXAMINE city, town	Undetermined INER ER ER To county)	manner 22b. DATE	SIGNED #		8.
	HAZE 4. RACE White Of Pleath Soma Park NCE (Where deceose TE Ill. First Hanibal EVER IN U.S. ARMED FOOWN) DEATH WAS CAUSED IMMEDIAT f dny, which gove ediote couse (o), underlying couse OPERATION I. CAUSE WAS OR CONTRIBUTING AT WORK II CAUSE WAS OR CONTRIBUTING AT WOR CONTRIBUTING II CAUSE WAS OR CONTRIBUTING AT WORK II CAUSE WAS OR CONTRIBUTING AT WORK II CAUSE WAS OR CONTRIBUTING II CAUSE WAS OR CO	HAZEL 4. RACE White 5. DATE OF BIRTH 5. OF DEATH SOMA Park INCE (Where deceosed lived, if institution: R 13b. COUNTY 2. First Middle Hanibal Miller EVER IN U.S. ARMED FORCES? OWN) OF DEATH (Enter only one couse per line for one of the couse (a), and the couse (b). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A COUNTY 2. OPERATION IC CAUSE WAS OPERATION INDIVIDUAL CAUSE OF INJURY (At home foctory, office building, etc.) AT WORK AT WORK AND THE CAUSE OF INJURY (AT home foctory, office building, etc.) Solution Solution Solution AND THE CAUSE OF INJURY (AT home foctory, office building, etc.) Solution Solution AND THE CAUSE OF INJURY (AT home foctory, office building, etc.) Solution AND THE CAUSE OF INJURY (AT home foctory, office building, etc.) Solution AND THE CAUSE OF INJURY (AT home foctory, office building, etc.) Solution AND THE CAUSE OF INJURY (AT home foctory, office building, etc.) Solution AND THE CAUSE OF INJURY (AT home foctory, office building, etc.)	HAZEL 4. RACE White 5. DATE OF BIRTH 5-8-95 6. AGE (In Inc. 1975) OF DEATH SOMA Park II. NAME OF HOSPITAL OR INSTIT give street oddress) Wash. INCE (Where deceosed lived, if institution: Residence before 13c III. First Middle Hanibal Miller EVER IN U.S. ARMED FORCES? OWN) OF DEATH (Enter only one couse per line for (o), (b), ond (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF dry, which gove editore couse (o), underlying couse OPERATION OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? I. CAUSE WAS OPERATION 19c. CAUSE WAS OPER	HAZET ### WILL 4. RACE White 5. DATE OF BIRTH 5 - 9 6. AGE (In years withday) YRS. 15. UNITED A	HAZEI A RACE White S. DATE OF BIRTH S. DATE S. DATE S. DATE OF BIRTH S. DATE ASSIST. ASSIST. ASSIST. ASSIST. ASSIST. ANDER S. DATE ASSIST. ANDER ASSIST. ANDER B. S. DATE S.	HAZEL HAZEL Molths Hazer Haze	HAZEL Wilte S. DATE OF BIRTH 5 - 8 - 9 6. AGE (in years years) Wilte White S. DATE OF BIRTH 5 - 8 - 9 6. AGE (in years) YES. WOMINS DAYS HOURS MIN. OF DEATH OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) Sorma Park III. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) III. NAME OF HOSPITAL OR I	HAZEL WILL 4. RACE White 5. DATE OF BIRTH 5 = 995 6. AGE (in years B. Woord 1 YEAR B. WOORD 24 HIS. 10	HAZEL HAZEL Hazel	HAZEL M. WILL OF DEATH MAREED 10-1 A. RACE White S. DATE OF DIRTH 5-8-95 S. AGE (in year) White S. DATE OF DIRTH 5-8-95 S. AGE (in year) White S. DATE OF DIRTH 5-8-95 S. AGE (in year) White S. DATE OF DIRTH 5-8-95 S. AGE (in year) White S. DATE OF DIRTH 5-8-95 S. AGE (in year) White DEATH MAREED DATE MONTHS MONTH 10 DOY 1 Yeor, North 10 Doy 1 Yeor, North 10 Doy 1 Yeor, North 20 FIRST FIRST MINDOWED Table Table LOSI Table HAZEL A RACE DEATH DEATH MATERY B UNDER 24 HES DEATH MATERY DEATH MA	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			t	Middle		Lost		20. DATE C			2b. HOU
	(1	ype or print) Edv	ard	Casper	Will	iams			oft. 31°	1968	8:30
	3. SE	Female	4. RACE	White				1911	6. AGE (In years lost birthdoy) 57 YRS.	MONTHS DAYS	1F UNDER 24 H
	7a. B	IRTHPLACE (State or foreign	7b. CITIZEN	USA				9. COUNTY O	F DEATH Montgon	nery	
Type or print Edward Casper Williams S. DATE OF BIRTH May 16, To. BIRTHPLACE (Stote or foreign county) Array land USA White Moowed Divorced May 16, To. BIRTHPLACE (Stote or foreign county) Array land USA Whole Divorced Moowed Divorced May 16, To. Cultive No. Divorced Divorced Divorced Divorced Divorced Divorced Divorc		N (Kind of work dane g life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OF							
							13d. INSIDE CITY L		TREET AND NUMBER 5906 Ridge	Rd.	
1		ATHER'S NAME First					AIDEN NAME	irst	Middle zabeth		lost
1		WAS DECEASED EVER IN U.S. AF	MED FORCES	16b. SOCIAL SECURITY		. INFORMANT		1941	Address	DOL	UON
	Y	es, no ar unknown) (If yes give	war ar dates of se	P12-03-3	947	Osborn	e E.	Villia	ms, Damas	scus, M	d.
		nse to immediate cause (a), stating the underlying cause last.	DUE T	o, or as a consequence of		TO THE TERMINA	L DISEASE OR	CONDITION GIV	YEN IN PART 1(a)		
Χ	TIFICATION	19a. DATE OF OPERATION 198	o. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED			CALIC	IF YES, WERE FINDINGS (ES OF DEATH?	CONSIDERED IN C	ERTIFYING
		OR CONTRIBUTING CAUSE OF DE	ATH HOU	R A.M. Manth Day Year		HOW INJURY OC	CURRED (Ente	r nature af in	jury in Port 1 or Port 2,	Item 18.)	
4	ME	at work at work		A 12 12 - 14 - 14 - 14 - 14 - 14 - 14					y or Town	County	Stot
		220. I certify that (I) (t saw the deceased couses stated above	his hospite alive on /e,(I) (147)	attended the deceos	ed from 1967, o body ofte	ind that in (m er death.	, 19 <i>5</i> (N) (P) ap	inion deoth	occurred on the de	ote ond hour	ond from
3		Jame	0 9	-Korrh.	10- DE	GREE PHYS.		MED.	STAFF 22c.	DATE SIGNED	68
		22d. PHYSICIAN'S NAME (Type) J	ames					ımascu	s, Md.		
8		REMOVAL (Specify) Burial		1968 Mt	. Leb				TION (City or Town) Damascus	7 7 70 8	(Stote)
58	24.	FUNERAL DIRECTOR Olin L. Mc	leswo	rth, Damasc		d.	DATE NO	V 4	1988 SCL	s signature	egge

within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 h **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed. Page 4 may be retained by the haspital ar attending physician.

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1		812
HEALTH DEPT.		DECEASED-NAME First / Month C	Doy Yeor 2b. HOUR
lay is 1 3 ta Page ent af		(Type or Print) The 1/2 Kene Will sow DEATH MATED Of.	4 1968 7 7 M
A Ge	3. 9	AST AS AS A COLOR Inst birthday MONTHS DAYS HOURS MIN. Months 2 Days	Yeor 2d. HOUR.
PM3 del	7	BIRTHPLACE (Stole or forgign 7b. CITIZEN OF WHAT COUNTRY?) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH /	19/3 / 7.M
2 2 2		nity) Md. U. 3. A WIDOWED DIVORCED Montgome	end Mi
firer death Give Pages ang with far ith the State	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working like even if retired.) III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working like even if retired.)	2b. KIND OF BUSINESS OR
after death 8. Give Pag alang with the Sta with the Sta	120	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET OND NUMBER	
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hours Item 19 Office 1 and 2	14.	FATHER'S NAME First Middle fost IS. MOTHER'S MAIDEN NAME First Middle	Lost
es sirs	1/-	Duflester Willson Virgie Virginia	a/ackson
	100.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Junknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service)	1507201
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OUT APP
d be executed and "pending" Chief Medical Etransit permit. Fire ty event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Broncho-pneumonia, bilateral	24h ?
	2	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF	
		rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
4 T E E		last. (c)	
tate so the ed ta		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
riffica rifing rarde rarde rarde val, c	NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific licate, writing be farward a de used a ar removal,	CERTIFICATION	WAS PERFORMED?	YES NO
生 子 書 0	L CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 1B.)
INER: Te certific should be files. 3 should a should be files.	MEDICAL	CAUSE OF DEATH P.M. 19	
	×	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
L EX. cecute Page far y R: Pa	13	220. I certify that I took charge of the remains described abave, held an Autapsy (3), Inspection (3), Inquiry (1),	ond in my opinion
MCAL E. executor. Page far far burial,		deoth resulted fram: Natural causes 🖾, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗌	
please e I director retained DIRECT		ACTUAL O B O B O CHIEF MEDICAL EXAMINER	
DITY, Bergle Per research		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SI	5. 1968 -
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, cren		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	
10 mm + 10 mm	230	DEMONIAL (C. 17.)	County) (State)
	24.	WRIA 10-1-68 MI. 2101, 28/MAN	GNATURE
VR A15ME (5)	1	Robert L. Swonder - Rochalle Mrs OCT 9 1968 Collegelander	Quelas
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE OF THE PARTY.	14802			ERTIFIC	CATE OF	DEATH				1481	3
	CEASED-NAME First		Middle		Lost		2a. DAT	E OF DEATH Month	Day	Vans	2b. HOUR I
(1	(pe or print) James	H	larman	Win	ebrenne	er	Tes	October	214	1968	1:30 M
3. SE	(4. RACE			S. DATE OF B	IRTH	- 23	6. AGE (In year	1.0	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male	Wh	ite		9 May	1904		lass byrthdoy)	YRS.	MINS DATS	HUUKS MIN.
	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	☐ NEVER MAI	RRIED	9. COUNTY	OF DEATH			
coun	"" Maryland	USA		WIDOWED		RCED 🗌	Mor	ntgomery			Md
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3a. Idmi:	USUAL RESIDENCE (Where decease ssian) STATE Marvland	od lived, if institution 13b. COUNTY	an: Residence before henv Ec	1	Mines	13d. INSIDE CITY LIV YES X NO		e. STREET AND NUMB No stree		ldress	
4. F.	ATHER'S NAME First William	Middle	lost Winebrer		S. MOTHER'S M	Susa		Mid	ldle	Hu	lost utzel
160. Ye	WAS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes give we	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY N 220-10-79					Record Add			
	18. CAUSE OF DEATH (Enter only								7.73		MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)E	ronchopneu	monia	202	STR.				1 day	T
	200 / Conditions, if any, which gove)	DUE TO, OR A	s a consequence of lalignant I	wmpho	ma: lv	mphocyt	ie ts	me		9 mor	nths
	rise to immediate cause (a), stating the underlying couse lost.	(0/	S A CONSEQUENCE OF	V		722000					
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED T	O THE TERMIN	AL DISEASE ORC	ONDITION	GIVEN IN PART 1(a)		-	
2	2007										
CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	2Do. AUTO		CA	Ob. IF YES, WERE FIND NUSES OF DEATH?	ings cons		RTIFYING
	210. ACCIDENT WAS UNDERLYIN			21c. H	OW INJURY O	CURRED (Enter	r noture of	injury in Port 1 or F	Port 2, Iter	m 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Month Doy Yeor								
	at wark at wark		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					City or Town		County	Stote
1	22a. I certify that (thi saw the deceased al couses stated abave	ive on OCTC	ber 14	9 <u>00,</u> an	id that in (A	, 19 <u>6</u> Ky) (our) api	8 , to nion dec	Oct 14 oth accurred on t	_, 19 <u>_6</u> he date	ond hour o	(4) (we) last and from the
	22b. SIGNATURE RALL	5 7/h	my mil), DEG	11110.	L D	MED. PIRECTOR	STAFF NHYS.	14		er 1968
A	22d. PHYSICIAN'S Ralph	E. John	son, M. D.		22e. AD Ins	DRESS The	Clir of I	nical Cen- Health, B	ter, ethes	Nation da, Mo	i. 2001
	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	ATE 17. 19	23c. NAME OF		crematory Cemeter	y	23d. LO	CATION (City or Town	•	(County)	(State)
	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D B		AR 2Sb. REGIS	STRAR'S SI		
	Joseph R. Du	rst, Fro	stburg, Md	. 215	532	DATE OCT	T 18	1968 8	Mari	las Jun	441

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral	director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1, and 2	shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	
TO HOSPITAL	Page 4 may 1	TO FUNERAL D	director, pag	shauld be file	

I. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before a STATE b. COUNTY	admission)
MONTGOMERY CTY. MARYLAND	Md. Montgo	mery
b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest	town)
write RURAL ond give nearest town) Silver Spring	Silver Spring	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)		IS RESIDENCE ON A FARM?
Holy Cross Hospital	2104 Ellis Street	ES NO
3. NAME OF First Middle TATO	T.F. 4. DATE Month Day	Year
(Type or print)	DEATH	19 68
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6 dest birthday) Months Days	Haurs Min.
Male white WIDOWED DIVORCED	1/22/00 6 (gst birthday) Months Days	riddis Mill.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF	WHAT
during most of working life, even if retired) Executive INDUSTRY Lumber	Ala. COUNTRY?	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Otto Wolf	Sarah Pack	
	NFORMANT Address 2104	Ellis
(1es, no, or unknown) (if yes give war ar dates at service)	s. Jeanette Morris Wolf	Md St
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) KILLERS FLUE	/ Clart Tacluse 3	ET AND DEATH
4129 DUE TO	1 6 1/1/1	1.
Conditions, if ony, which gave) (b) The Herica Selle	notic pour 1/18/lese 3	YES
rise to immediate cause (a), stating the underlying couse DUE TO		
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19.	WAS AUTOPSY
4200		PERFORMED?
4 2 0 0 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING □ CAUSE OF DEATH OF STEPHED MOTES WERD(CALLY AMMINED)	(Enter nature of injury in Port I or Part II of item 18.)	
	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) 20f. (City ar tawn) (County)	(State)
p.m. /19 at wark at wark	()	-
21. I certify that (1) (this haspital) attended the deceased fram_	7/30/68, 19, to 10/30/68, 19, the	at (1) (we) last
saw the deceased alive an 10/24/68 19 , and that	death occurred at SAM, fram causes and an the date	
220. SIGNATURE O PALLE PER	ATTENDING MED. STAFF 22b. DATE SIGNE	
22c. PHYSICIAN'S M.E.	22d ADDRESS PHYS. PHYS. 10/30	168
NAME (Type) HENRY C. SCRUGGS, MD	5413 Cedar Lane, Bethesd	a, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR BUTTA (Specify) 11/1/68 Wash. Hebrew		(State)
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	
Sernard Danzansky & Sons 3501 14	Th STN MICH.	
Wash.,D	G 2001 V 7 1968 Scharles	rigge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14807 CERTIFICATE OF DEATH 14815 DECEASED-NAME (Type or print) 2g. DATE OF DEATH 2b. HOUR First ond 2 deoth. xecuted within 24 hours ofter deoth. S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First ROBERT YATER. SR. EDITH M. BOWERS pleose physicion 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no, or unknown) (If yes give war or dates of service) Robert R. Yater, Sr, father same item 213-50-5374 or removol. attending phys requires that the deoth certi APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH AS A CONSEQUENCE OF Canditions, if ony, which gave signed by the buriol-tronsit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the be retoined by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [for use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram.... , 19_ . 10 , and that in (my) (aur) opinian death accurred an the date and haur and from the saw the deceased olive on____ causes stated above, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Jacobs NAME (Type) 2322 Blueridge Ave., Wheaton, Md. director, should 23d. LOCATION (City or Town) (County) Rockville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (State) 23o. BURIAL, CREMATION, Parklawn Cemetery B REMOVAL (Specify) 10/14.68 ADDRESS | ROCK PIK So. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR

Tyson Wheeler Funeral Home Rockville, Md.

2Sb. REGISTRAR'S SIGNATURE

- performing androlon years well the hosis

President

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director, should

(Oct 25 1968, and that in (my) (out) apinian death accurred an the date and have and from the 22b. SIGNATURA ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7710 DWIGHT DR 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL CREMATION 23b. DATE (County) Washington, D.C. 10-31-1968 Rock Creek Cemetery 2Sb. REGISTRAR'S SIGNATURE 24 JUSE DHUGawler's Sons, Inc., 20016 Wisc. Ave. 2Sa. REC'D BY REGISTRAR Municonlas

14816

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

HOURS

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BETWEEN ONSET AND DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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3. SE	X		4. RACE	CAN SA	S.	DATE OF BIRTH			6. AGE (In year	ors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		Neg	ro		P4 Decemb	per 1	920	last birthdoy	YRS.	MONTHS DAYS	HOURS MIN
Type or print Mary None Young October Day 1668 Cottober Day 1668 Day												
No	rth: Carol	ina	USA					M	ontgome	איר		Md.
			11. NAME OF HOS		JTION (If nat i	n haspital 12a		CCUPATION	(Kind of work	dane		F BUSINESS OR
	Bethes	da	The Cli	ss) nical C	enter	NTH dur	ring most	of working i	ife, even if ret SS	ired.)	Domes	stic
3a.	USUAL RESIDENCE (W	here deceased	lived, if institution; Reside	nce before 13d	. CITY OR TO	WN 13d. INSID				BER	1 20110	, , , ,
Di	strict of	Colum	DIS. COUNTY	N.	lashin	gton YES	NO _	29	33 Star	iton	Road.	S.E.
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	Jo	seph	Carroll	North							B	lackburn
6a.	WAS DECEASED EVER	IN U.S. ARMEL	Andreas of control									
	NO UIKIIGWII)	(II yes give wat	Not	availat	le Th	e Clinica	al Ce	nter,	NIH, I	Bethe	esda, l	Maryland
	1B. CAUSE OF DEA	TH (Enter only			7-1.		100				BETWEEN	ONSET AND DEATH
	PART I. DEATH	WAS CAUSED I	CAUSE (a) Bilate	eral pn	eumon:	a			MC SIS		36 H	lours
rise to immediate cause (a) (lonths				
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
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	PART 2. OTHER SIGN	NIFICANT COND	ITIONS CONTRIBUTING TO DI	EATH BUT NOT R	ELATED TO T	HE TERMINAL DISEAS	SE OR CONI	DITION GIVEN	IN PART 1(o)			
NO	2041				100							
ICATI	19a. DATE OF OPERAT	10N 19b. CC	INDITION FOR WHICH OPERAT	ION WAS PERFO	RMED							ERTIFYING
ERTIF	21 - ACCIDENT WAS	UNIDEDIVING	Total Times of Muliply		las nous							
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. Month	Day Year	21c. HOW	INJURY OCCURRED	(Enter no	ture of injur	y in Part I ar i	Part 2, Ita	em 18.)	
AEDI(dical examine	P.M.		1 016 1064	FIGH. CL. A. D.F.	F.D. N.	Ch			Carrak	Stote
	While Not while	ED ZIE. PI	OFFICE BUILD	DING, ETC.) 211. LOCA	IIUN Street of K.F	r.D. No.	City	or town		County	21016
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	22b. SIGNATURE	2/-	-102m. V	6.3	16.2	ATTENDING -	- MED		STAFF			= 0(0
	1/1/	netrae	1/1/nont	100	DEGREE	PHYS.	DIREC		PHYS.	1		
	22d. PHYSICIAN'S NAME (Type)	Michael	l B. Mosher.	M. D.		22e. ADDRESS	The C	linic	al Cent	ter,	Nation	nal
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23a.	REMOVAL (Specify)	23b. DA	112/60 230	. /				3d. LOCATIO	N (City or Tow	n)	(County)	(State)
24		OCOT A SEL	SON FUNERAL HOME, I		m4.	Memor.	REC'D BY R	EGISTRAR	2Sh REGI	STRAR'S S	SIGNATURE	,
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14818 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR : 55A executed within 24 hours ofter death. (Type or print) Benjamin Zatz 10 Month 5 Doy NMI 4. RACE S. DATE OF BIRTH 6. AGE (In years SE LINDER 1 YEAR IF LINDER 24 HRS 3. SEX OAYS NOURS ding physicion and completely filled in by the t. Then please remove carbon popers. Poges removol, and in any event, within 72 haurs aff lost birthdoy) 5/15/1893 male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED | USA Montgomery ~Odessa Russia 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Silver Spring Holy Cross Hosp Grocerv 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO 8195 Eastern 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Golden Tema NMT icate. 17 INFORMANT Daugnter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) Dorothy Zatz Cohen 9307 Harvey Rd. APPROXIMATE INTERVAL 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ATTENDING PHYSICIAN: The law requires that the death buriol-transit permit. cremotion, or IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). TO FUNERAL DIRECTOR: After this certificate has been signed by Page 4 moy be retoined by the hospital or ottending physicion. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse prior to buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO N YES 🗀 Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor ed with the Stote Dept. of (If either, notify medical examiner) P.M. director, page 3 should be detached should be filed with the Stote Dept. of 10 / AT NOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County OFFICE BUILDING, ETC. While Not while ot work 22a. I certify that (I) (this haspital) attended the deceased from... 19 6, and that in (my) (aur) apinian death accurred an the date and havr and fram the saw the deceased alive an.... 10/3 causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN' NAME (Type 323 Conn. Ave. Washington UC Jack 230. BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)

FSOVATGRAD CEM

2So. REC'D BY REGISTRAR

1968

2Sb. REGISTRAR'S SIGNATURE

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VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14819

DECEASED-NAME (Type ar print)	First .	Middle W	ZEI	Last	2a. DATE OF DEATH OCTOBER Manth 3	Day Year	2b. HOUR 855A
3. SEX Male	4. RACE Cauca	sian	S.	Oct. 3, 19	6. AGE (In yea last bathday)) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (State ar farei country) Maine	USA		WIDOWED _	1	9. COUNTY OF DEATH Montgomery		N
10. CITY OR TOWN OF DEATH Bethesda	11. NAM give stre	E OF HOSPITAL OR INST et address) Nava	1 Hosp	ital during n	IAL OCCUPATION (Kind of work nost of working life, even if reti		OF BUSINESS OR
13a. USUAL RESIDENCE (Where admission) STATE Flori	deceased lived, if institution Lda 3b. COUNTY	: Residence befare	13c. CITY OR TO Orland			Box 55-B	543
14. FATHER'S NAME First Rober	Middle ct J. ZEIGLER	Last	15. /	MOTHER'S MAIDEN NAME Shirle		GOSNELI	Last
16a. WAS DECEASED EVER IN U Yes, no. ar unknawn) (If	.S. ARMED FORCES? yes give wor or dates of service)	Sb. SOCIAL SECURITY NO NOTE			ando Addi eigler, Route :		-B
PART I. DEATH WAS	MMEDIATE CAUSE (a) DUE TO, OR AS		involv	ring Hypotha	almus		XIMATE INTERVAL ONSET AND DEATH
rise ta immediate caus stating the underlying last.	e (a), cause DUE TO, OR AS	A CONSEQUENCE OF	RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
19a. DATE OF OPERATION 21a. ACCIDENT WAS UND	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORME				20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO		CERTIFYING
21a. ACCIDENT WAS UND CONTRIBUTING CAUS (If either, notify medical 21d. INJURY OCCURRED While Not while at work at wark	E OF DEATH HOUR A.M.	Manth Day Year 19			er nature af injury in Part 1 ar P a. City ar Tawn	Part 2, Item 18.) Caunty	State
220. I certify that a	(t) (this haspital) attended alive an obove, (I) (we) (did) (d	ded the deceosed 19 id nat) view the b	from AT O, and to ody after de	ugust 14, 19_that in (my) (our) opoth.	68, to Oct 3 inian death occurred an t	_, 19 <u>_68</u> , tha he date and have	ıt (₮) (we) la r and fram tl
22b. SIGNATURE This ye	7 /- "		4. D. DEGREE	ATTENDING PHYS.	MED. STAFF PHYS.	oct. 3,]	1968
NAME (Type) Wi	Lfred T. Mori	ocha MC,		Naval Ho	spital, Betheso		(State)
REMOVAL (Specify)	10-7-68	Woodla	awn Me	m. Park	Orlando,	Florida	(этате)
	obert A. Pump nsin Ave., Be			me 2Sa. REC'D DATE OC	and the second s	STRAR'S SIGNATURE	der

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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